



Seligman Historical Society Membership Application

\$15.00 Per Person

NAME(s): _____
(Last) (First)

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Check \$ _____ Cash \$ _____ Date: _____

If mailing, please send check or money order to:
SELIGMAN HISTORICAL SOCIETY
PO Box 51 Seligman, AZ 86337-0051



www.seligmanhistory.com
e-mail: seligmanhistory@yahoo.com

MEMBERSHIP DUES ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT OF THE LAW.
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