

Stone Arabia Preservation Society

Membership Application

Name: _____

Address: _____

Town: _____

Phone: _____

Type of Membership (*check one*)

Individual **\$10.00** _____

Family **\$15.00** _____

Supporting **\$25.00** _____

Life Time **\$100.00** _____

Check Payable: **Stone Arabia Preservation Society**
 P. O. Box 692
 Palatine Bridge, New York 13428-9763

Office Use:
Received by: _____
Date: _____
Application for 200