

**BUSINESS MEMBERSHIP  
IN THE ORLEANS HISTORICAL SOCIETY**

Name of business \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Business address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

**Yes, I want to support the Orleans Historical Society.**

**Please include the name of my business in your newsletter.**

1 Issue                      \$ 25.00

3 Issues                     \$ 50.00

Additional contribution \$ \_\_\_\_\_

Please make check payable to the Orleans Historical Society.  
Your contribution is tax deductible to the extent allowed by law.

**ORLEANS HISTORICAL SOCIETY  
P. O. Box 353  
Orleans, MA 02653**