2021 Dues / Membership Form
For January 1—December 31, 2021
Please Type or Print Clearly and Fill Out Completely
You also may join/renew by credit card at our website: https://aphnys.wildapricot.org/join

Member Information

Membership Category:  
☐ Historian  ☐ Co-Historian  ☐ Deputy Historian  ☐ Assistant Historian  ☐ Affiliate Member*  
(*)Please provide your county)

Appointed for:  
☐ County  ☐ Town  ☐ Village  ☐ City  ☐ Borough

Date of Original Appointment:  
________________________________________________

Note: If you are a new Historian, please provide the name of the previous historian:
________________________________________________

Municipality:  
________________________________________________

County:  
________________________________________________

Your Name:  
________________________________________________________________________________

Street Address:  
______________________________________________________________________________

City:  
_______________________________________  ST:  _____  Zip:  __________________

Phone:  (_____) __________________ email:  _______________________________________

Municipal Mailing Address:  
_______________________________________________________

Annual Dues for Historians and Co-Historians are based on the Municipality’s population; please circle the appropriate line.

$25.00 = 0—1,000  
$30.00 = 1001—4000  
$35.00 = 4001—12,000  
$40.00 = 12,001—100,000  
$45.00 = 100,001—200,000  
$50.00 = 200,001—1+ Million

Note: If you are historian or deputy historian for more than one municipality, please pay the dues based on the larger of the two municipalities.

Annual Dues for Other Memberships are:

$25.00—Deputy and/or Assistant Historian  
$25.00—Affiliate Member  
$25.00—NYC Community District Historian

Note: An Affiliate Membership is for any cultural agency, educational institution, corporation, historical society, museum, or Individual interested in NY State history and the work of the public historians of New York State. Per the APHNYS By-laws, Affiliates shall be non-voting members and shall not hold office.

Please mail this completed form with your check, payable to APHNYS, to:

APHNYS  
P.O. Box 1363  
Sag Harbor, NY 11963

APHNYS does hereby certify that the items of the account are true and correct; that no Federal or State taxes for which the municipality is exempt are included; and that no part of the same has been previously paid.