

Membership Application

I wish to support the Deyo Family
Association and Historic Huguenot Street.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

(Please include a list of all people living in the home for the household membership with the ages of children).

Membership type and costs

Individual Annual Fee: **\$ 45.00** (one vote)

Household Annual Fee: **\$ 65.00** (one vote)

10 Year Individual Membership **\$400.00** (one vote)

Joining the DFA also includes:

- **Membership in HHS;**
- **HHS friend/membership included and use of the HHS library;**
- **Free guided tour of Deyo Homestead when you visit Huguenot Street by appointment; and**
- **Gift Shop 10% discount.**

Complete this form and mail with check (payable to HHS-DFA) to:

HHS / Deyo Family Association

88 Huguenot Street

New Paltz, NY 12561