

Membership Application

Name _____

Address _____

Telephone _____

Email _____

Please mark your choice

\$15 Sustaining (per Person)

\$25 Sponsor (per Person)

\$100.00 Founder

Donation (not interested in membership at this time)

Check enclosed (made out to The Solon Historical Society)

Cash

Contact me so I may be more active with the Society

The museum is open to the public on the 2nd Sunday of the month from 2 to 5 PM. It is also open for private group tours by appointment, and 1 hour prior to scheduled meetings before program time.

We are a 501© (3) non profit organization. All donations are tax deductible.

Mail to Solon Historical Society c/o Solon City Hall

34200 Bainbridge Rd

Solon, Ohio 44139