



CLOYNE PIONEER MUSEUM & ARCHIVES
ESTABLISHED 1972

THE CLOYNE AND DISTRICT HISTORICAL SOCIETY

Box 228, Cloyne, Ontario. K0H 1K0 Email - pioneer@mazinaw.on.ca Website - cloynepioneermuseum.ca

How to Support the Cloyne and District Historical Society and the Pioneer Museum and Archives in 2026

BECOME A MEMBER OR RENEW YOUR MEMBERSHIP. If you want to support the work of the Society, please become a member for \$10 per person per year. As a member, you will receive communications by email ahead of regular monthly meetings and any guest speakers that are scheduled. You will be entitled to participate in all activities of the Society, attend and vote at all meetings and run for office on the Board of Directors.

MAKE A DONATION. Donations are greatly appreciated if you want to support the work of the Historical Society financially. Donations can be in addition to becoming a Member or a gift where circumstances make it inconvenient to be a Member. You can direct the donation to general operating funds of the Society or to the Endowment Fund for the future of the Society. You may wish to make this in memoriam or in honour of someone. Charitable receipts will be issued for donations of \$10 or more. Donations of \$100 or more given between June 2024 and June 2025 entitle you to be named on the 2025 Donors List displayed at the museum. We will let you know when a Newsletter is available on the website to download or, if you so direct, send you a hard copy by mail.

Volunteering. Volunteering your time to the Historical Society or to the museum is a great way to learn more about our local history and to meet other like minded people. If you would like to volunteer your time to the Historical Society or to the museum, or to donate local historical artifacts, please indicate your interest below.

Please fill out the form below and submit the total by cheque payable to the Cloyne and District Historical Society and mail to the above address. You can also use e-transfer at cal21@mazinaw.on.ca

Name:	Address:	
City:	Province:	Postal Code:
Email:	Phone:	

Membership. (\$10 per person)		\$
Donations	To General Operating Funds	\$
	To Endowment Trust Fund - For the Future	\$
	Memorial - In loving memory of the late:	\$
Volunteering	I wish to volunteer <input type="checkbox"/>	Total \$

For our records, please sign and date this form	Member No. (Office use only)	Receipt No (Office use only)
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Signature: _____ Date: _____

THANK YOU FOR JOINING, RENEWING, DONATING, VOLUNTEERING !!