



Government Appointed Historians of Western New York  
 P.O. Box 75  
 Mount Morris, New York 14510  
 www.GAHWNY.org  
 Facebook.com/GAHWNY | Instagram: @gahwny1

## 2024 Membership Dues Form

Annual dues from members help GAHWNY support historians in the region and offer educational programming and networking opportunities. Please consider becoming a paid member for January-December 2024.

     **\$20 Member annual dues for government-appointed historians:** City, county, town, and village historians; all duly-appointed deputies and/or assistants of the same; and representatives appointed by the Seneca, Tonawanda, or Tuscarora Nations within Western New York.

     **\$30 Associate Member:** Associate membership shall be open to former historians within Western New York; any officially appointed local government historian within the State of New York outside of Western New York area; those who serve as the historian/archivist for an organization / club / historical society within Western New York State; and any person with an interest in Western New York history. Associate members shall have no voting privileges or hold an office, but shall be entitled to attend any/all meetings and programs.

**Please note that public historians are NOT obliged by state law to pay dues to any professional or non-profit organization. It is entirely up to you and your municipality to determine whether to renew or become a new member of any group.**

### Please Print:

     Check if a new historian\*         Check if change of address

Circle: Town / Village / County / City / Haudenosaunee Nation

Historian of: \_\_\_\_\_ Year appointed \_\_\_\_\_

Located in the county of: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Name of former historian: \_\_\_\_\_

**Please make checks payable to GAHWNY and mail to:  
 c/o Holly Watson, PO Box 75, Mt. Morris, NY 14510**

For any questions about dues or membership, call Holly Watson at 585-243-7955 or email [historian@co.livingston.ny.us](mailto:historian@co.livingston.ny.us)

Leave this space blank - GAHWNY to fill out Received _____ Check # _____ Amount _____ Deposited _____
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