

Friends of Crown Point State Historic Site

2025 Membership Form

Name: _____

Address: _____

Phone: _____

Email: _____

___ **One Year Individual Membership (\$15)**

___ **One Year Student/Veteran/Senior (\$10)**

Please remit to:

FcCPSHS

21 Grandview Drive

Crown Point, NY 12928

Membership Renewal Date: _____

Paid Via: _____

Information Entered _____