

Hudson Mohawk Recorder Society

2020-2021

Membership/Renewal

Name: _____

Address _____

City _____ State _____ Zip _____

Email _____

Payment Amount \$40

Check Number: _____

Date: _____

Make check payable to: **HMRS**

Send form and check to:

Gail Robinson

101 Edgecomb Street

Albany, NY 12209