

ELK RAPIDS AREA HISTORICAL SOCIETY

P. O. Box 2

Elk Rapids, MI 49629-0002

(231) 264-5692

MEMBERSHIP FORM

All memberships extend from **July 1st of each year to June 30th** of the next year.

Please Print:

Name

Primary Mailing Address

Primary City

State

Zip Code

Primary Home Phone

Primary Work Phone

E-mail Address

Alternate Mailing Address (for Winter/Summer Months)

Alternate City (for Winter/Summer Months)

State

Zip Code

Alternate Address Date Range (for Winter/Summer Months)

From: ____/____
(mm/dd)

To: ____/____
(mm/dd)

Example:

From: 4/15
(mm/dd)

To: 10/31
(mm/dd)

PLEASE CHECK MEMBERSHIP CATEGORY

<input type="checkbox"/> Single membership	\$ 25
<input type="checkbox"/> Family membership	\$ 40
<input type="checkbox"/> Business membership	\$ 50
<input type="checkbox"/> Patron membership	\$ 100
<input type="checkbox"/> In addition, I would like to donate the following:	\$
TOTAL ENCLOSED:	\$

Credit Card Payments Now Accepted!

Card Number: _____ **Expiration Date:** _____

Billing Zip Code: _____ **Three digit Code on back of card:** _____

Signature: _____