

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

### ***Credit Card Payments Now Accepted!***

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Billing Zip Code:** \_\_\_\_\_ **Three digit Code on back of card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_