

# Membership Application Form

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

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Membership Type:

<input type="checkbox"/>	Individual	\$ 15
<input type="checkbox"/>	Family	\$ 25
<input type="checkbox"/>	Senior Individual	\$ 10
<input type="checkbox"/>	Senior Family	\$ 15
<input type="checkbox"/>	Business	\$ 50
<input type="checkbox"/>	Patron	\$100
<input type="checkbox"/>	Extra Gift	_____
<input type="checkbox"/>	Total	_____

Directions:

- Print the Application Form
- Fill in Name and Address
- Select Membership Type (use check mark or an X )
- Write the check (no cash please)
- Mail the Application and Check.

**Make Checks payable to:** Milan Area Historical Society

**Mail to:**

Milan Area Historical Society  
P.O. Box 245  
Milan, MI 48160