



*Old Mission Peninsula Historical Society*

## Membership Application

### Contact Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

email address: \_\_\_\_\_

Membership Type: (Circle One) Student \$5; Individual \$20; Family \$30; Business \$40;  
Sustaining \$100; Mary & Walter Johnson Lifetime Membership \$500

### Checkout

Membership Dues \_\_\_\_\_

Additional Contribution to OMPHS \_\_\_\_\_

**Total Gift** \_\_\_\_\_

*Print this form mail it and your check to:*

Old Mission Peninsula Historical Society.  
PO Box 115  
Old Mission, MI 49673