

Membership Application

Contact Information:			
Name:			
Address:			
City:	_ State:	Zip Code:	
Telephone Number:			
email address:			
Membership Type: (Circle One) Stud	dent \$5; Individ	lual \$20; Family \$3	0; Business \$40
Sustaining \$100; Mary & Walter John	nson Lifetime M	embership \$500	
Checkout			
Membership Dues			_
Additional Contribution	on 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