

Membership Application 2018

Last Name: _____ First Name (1): _____ Spouse (2): _____

Only required for family Membership

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell (1): _____ Spouses Cell (2): _____

E-Mail: _____ Spouse E-Mail: _____

Please make sure e-mail address is clear!

Additional Address: _____

City: _____ State: _____ Zip: _____

Additional Phone: _____

Annual Dues:

{ } Individual (1 Member Only) \$20.00

{ } Family (1-2 Adults plus children
under 18 years) \$30.00

{ } Business \$50.00

Life-time Dues

_____ Life Individual \$300.00

_____ Life Family \$500.00

Business Name: _____

BUILDING FUND DONATION: \$ _____

OTHER DONATION: \$ _____

STEAM WHISTLE PROJECT DONATION: \$ _____

If desired, please specify use:

If cost of membership is prohibitive and you would like to participate please fill out form, check the box at the end of this sentence and return this form.

Please complete this form and send with a check made payable to: **The Society**

Mail to: The Society
P.O. Pox 44
Harsens Island, MI 48028

{ } New Member
{ } Renewal

OFFICE USE ONLY:

Date received: _____

Check # _____ Amount \$ _____