



BUILDING *for*
THE *Future*
PRESERVING
Our PAST

P0 Box 44
Harsens Island
MI 48028
hiscfhs.org

Membership 2016

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

Only required for family Membership

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

E-Mail: _____ Spouse E-Mail: _____

Please make sure e-mail address is clear!

Additional Address: _____

City: _____ State: _____ Zip: _____

Home 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

BUILDING FUND DONATION: \$ _____

OTHER DONATION: \$ _____

Please Specify: _____

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 form in enclosed envelope.

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

OFFICE USE ONLY:

Date received: _____

Check # _____ Amount \$ _____

2015

{ } New Member

{ } Renewal