Membership Application Form

Name: ________________________________________________________________

Address: ______________________________________________________________

City/State/Zip: __________________________________________________________

Telephone: ______________________________________________________________________

E-Mail: ______________________________________________________________________

Membership Type:

____ Individual $15
____ Family $25
____ Senior Individual $10
____ Senior Family $15
____ Business $50
____ Patron $100

____ Extra Gift __________

____ 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