

HISTORICAL SOCIETY OF CLINTON
APPLICATION OF MEMBERSHIP

PAID TO : 4/30/_____

ANNUAL DUES ARE FOR A PERIOD FROM MAY 1st to APRIL 30th

ANNUAL MEMBER:
SINGLE (ONE (1) VOTE) \$ 8.00 / year
MARRIED COUPLE (TWO (2) VOTES) 12.00 / year
LIFE (ONE (1) VOTE) 160.00

NAME _____

ADDRESS _____ LOT/APT # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ DATE _____

I / WE ARE WILLING TO SHARE IN THE DUTIES OF MEMBERSHIP IN THE FOLLOWING
WAYS:

- Archives
- Arrange a meeting program / entertainment _____
- Chair a special event / dinner
- Clinton Clipper from the following newspaper _____
- Drive and/or pick up members for our meetings
- Fund Raising
- Hold a Committee Chair Position _____
- Hold an Elected Office _____
- Other _____

Please use other side for any suggestions you may have to better our Society.

MAIL FORM & DUES TO: HISTORICAL SOCIETY OF CLINTON
TREASURER
P.O. BOX 647
CLINTON, MI 49236

RENEWAL FOR: DUE \$ _____ PAID TO: 4/30/_____

NAME _____

ADDRESS _____ APT / LOT # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ DATE _____

REVISED 10/97