



## Membership Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Date: \_\_\_\_\_

### Membership Categories

*(Memberships are annual and run from June 1<sup>st</sup> to June 1<sup>st</sup>)*

- |  |  |
|--|--|
| <input type="checkbox"/> Individual    \$15  | <input type="checkbox"/> Family        \$20  |
| <input type="checkbox"/> Business       \$20 | <input type="checkbox"/> Patron        \$50  |
| <input type="checkbox"/> Benefactor    \$100 | <input type="checkbox"/> Pioneer       \$250 |

Please send completed membership form and check made payable to:

*Otsego County Historical Society*

Mail to:

P.O. Box 1223  
Gaylord, MI 49734

*Thank you!*