



Membership Application

Name: _____		
Address: _____		
City: _____		State: ____ Zip Code: _____
Phone Number: () _____		Date: _____
<p>Membership Categories (Annually)</p>		
	<input type="checkbox"/> Patron \$100	<input type="checkbox"/> Individual \$10
	<input type="checkbox"/> Booster \$50	<input type="checkbox"/> Family \$15
	<input type="checkbox"/> Sponsor \$25	<input type="checkbox"/> Student K-12 \$1

Please send completed membership form and check made payable to

Otsego County Historical Society

And mail to:

P.O. Box 1223
Gaylord, MI 49734

Thank You!