



P.O. Box 44
 Harsens Island, MI 48028
 810-748-8815
 HISCFHS.org

Membership Application

First Name: _____ Last Name: _____ Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Spouse Cell: _____

E-Mail: _____ Spouse E-Mail: _____

Please list any children – names and ages – on the back

Additional Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Annual Dues:

_____ Individual (1 Member)	\$15.00
_____ Family (1-2 Adults plus children under 18 years)	\$20.00
_____ Business	\$25.00

Life-time Dues

_____ Life Individual	\$150.00
_____ Life Family	\$200.00

Building Fund Donations: \$ _____ Other Donation (Please Specify) \$ _____

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 \$ _____
4/11	