

Membership Application

Name: _____

Level

Address: _____

Individual \$20.00

City: _____ State: ____

Family \$30.00

Zip: _____ Phone: _____

Business/Org. \$50.00

Email: _____

Student \$5.00

Please detach application & send to: St. Joseph County Historical Society
34 N. Main St., Three Rivers, MI. 49093

Check # _____ Date Received: _____. Member Card Issued: _____