

**PLEASE SUPPORT THE ADA HISTORICAL SOCIETY BY:**

\_\_\_ BECOMING A MEMBER OR

\_\_\_ RENEWING YOUR CURRENT MEMBERSHIP OR

\_\_\_ GIVING A GIFT – RECIPIENT OR

\_\_\_ ANNUAL DUES

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**MEMBER INFORMATION**

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**NAME:**

**ADDRESS:**

**CITY/STATE/ZIP:**

**PHONE**

Home: (    )       -

Business/Cell: (    )       -

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**SELECT MEMBERSHIP TYPE**

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Corporate - \$100.00

Business - \$50.00

Friends - \$25.00

Family - \$15.00

Individual - \$10.00

Non-profit group - \$10.00

Senior - \$5.00

Student - \$5.00

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Please make checks payable to:

**ADA HISTORICAL SOCIETY**

Print and mail your application to:

**ADA HISTORICAL SOCIETY**

**PO Box 741**

**Ada, MI 49301**

Please use separate forms for additional names.