

Membership / Contribution Form

Please fill out this form and mail with your check to:

P.H.A.H.S.
P.O. Box 133
Port Hope MI, 48468



Port Hope Area Historical Society

8016 Portland Ave.

Port Hope MI, 48468

Questions: 989-428-4831

First Name _____ Last Name _____ Spouse First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Spouse Phone _____ Email Address _____

Yearly Membership: Single _____ (\$25.00) **Family** _____ (\$40.00)

January 1 thru December 31 (must be renewed each calendar year by May 15)

Life Member _____ (\$500) **Founders/Life Member** _____ (\$1,000.00)

All members will receive the quarterly newsletter and member names listed periodically in the newsletter. Founders & Life Members will have a plaque at the Historical Center with their name on it.

This section is for a contribution that may be made with or without a membership.

I would like to support the Port Hope Area Historical Society to further its development and wish to make a contribution in the amount of \$ _____ (Make check payable to: "Port Hope Area Historical Society").

(Contributions to the PHAHS, a 501 (c) 3 non-profit organization are tax deductible according to IRS guidelines.)