



Individual / Family MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____

Email: _____

Individual Membership - \$20

Family \$25

Patron \$50

Benefactor \$100

Pioneer \$250

Membership valid for one year

Date pd: _____ **Ck#** _____

Mail to: OCHS, PO Box 1223, Gaylord, MI 49734

Thank you for your support!