



2018 Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

FAX _____ EMAIL _____

Enclosed is my payment for membership in the amount of:

_____ \$30 New Member Fee

_____ \$300 Lifetime Membership (payment plans are available below)

_____ Bill my credit card quarterly (4 payments of \$75.00)

_____ Bill my credit card monthly (payments of \$25.00 due 1st of each month)

Method of Payment: _____ VISA _____ MC _____ Check _____

Card Number _____ Exp. Date _____

Name on card _____

Billing zip code _____

MAKE ALL CHECKS PAYABLE TO: Michigan Political History Society

MAIL TO: Michigan Political History Society
P.O. Box 4684
East Lansing, MI 48826-4684