



BUSINESS MEMBERSHIP FORM

Business: _____

Address: _____

City: _____ **Zip:** _____

Contact: _____

Phone: _____

Email: _____

Basic Membership - \$50 per year
includes company name in quarterly newsletter

Premium Membership - \$100 per year;
includes company name in quarterly newsletter
AND logo/name display at downtown Museum
(email logo to; jcakans@gmail.com)

Date pd: _____ **Ck#** _____
Mail to; OCHS, PO Box 1223, Gaylord, MI 49734



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

I Date pd: _____ **Ck#** _____
Mail to; OCHS, PO Box 1223, Gaylord, MI 49734

Thank you for your support!

