

# Membership & Interest Form

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interests/Skills: \_\_\_\_\_

	AMOUNT
Donation in honor/memory of: _____	
E-mail: _____	
Family Membership \$18	
Individual Membership \$12	
Trust Fund Donation/Other IRS Tax Deductible Donation	
Total Enclosed	\$ _____

Mail form and make checks payable to:

Pittsfield Township Historical Society  
P.O. Box 6013  
Ann Arbor, Michigan 48106