

CHAMPION/BEACON/HUMBOLDT HISTORICAL SOCIETY

Name(s) _____ Date _____

Address _____ Phone No. (____) _____

City/State/Zip _____ e-mail _____

(Enter alternate phone numbers and/or seasonal contact info on back)

Special Historical Interests _____

Membership (Year ending 12/31/2020) ____ New ____ Renewal

____ Individual (\$15.00) ____ Lifetime (\$150.00)

____ Family (\$25.00) ____ Lifetime Spouse (\$100.00)

Total payment: Cash (Amt.) \$_____ Check to CBHHS (No._____) Amt. \$_____

Membership issued by _____ Card received ____ Card mailed _____

(Submit with payment to: Kris Ashley, Treasurer CBHHS, PO Box 15, Champion, MI 49814)