



HISTORIC PERRYSBURG, INC.

P. O. Box 703
Perrysburg, OH 43552

MEMBERSHIP APPLICATION

To become a member or make a donation...simply print out and complete this form and mail it to us with your dues or donation.

Please note that the annual dues period (per year rate - see table below) corresponds to our fiscal year of January 1 through December 31.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail _____

Please choose ("X") a category for your membership:

MEMBERSHIP CATEGORIES		
<input type="checkbox"/>	Supporting	\$25 per year
<input type="checkbox"/>	Contributing	\$50 per year
<input type="checkbox"/>	Sustaining	\$75 per year
<input type="checkbox"/>	Patron	\$100 per year

Donations to our organization are always appreciated and will be personally acknowledged by our president.

_____ I do not wish to become a member at this time, but enclosed is my donation of \$_____.

Please note that 100% of dues and / or donations are tax deductible.