



**MEMBERSHIP APPLICATION**

**Plain City Historical Society  
P. O. Box 82  
Plain City, Ohio 43064  
(614) 570-2962**

**Please include me as a member historian.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

<b>Individual.....</b>	<b>\$ 10.00</b>
<b>Senior Citizen (age 65 or over).....</b>	<b>\$ 5.00</b>
<b>Life Member.....</b>	<b>\$ 100.00</b>
<b>Student – 3<sup>rd</sup> – 6<sup>th</sup> Grade.....</b>	<b>\$ 2.00</b>
<b>Student – 7<sup>th</sup> – 12<sup>th</sup> Grade.....</b>	<b>\$ 6.00</b>
<b>Organization (non-voting).....</b>	<b>\$ 50.00</b>
<b>Business (non-voting).....</b>	<b>\$ 250.00</b>

**Please accept my additional Contribution of.....\$ \_\_\_\_\_**

**Date:** \_\_\_\_\_

**All dues except Life Member will be pro-rated quarterly.**