

**GRASS LAKE AREA HISTORICAL SOCIETY
COE HOUSE MUSEUM**

MEMBERSHIP FORM

- ★ Members help support an organization that has served the Grass Lake community since 1971
- ★ Members contribute to preserving and promoting our community's cultural heritage

THANK YOU for your interest in the Grass Lake Area Historical Society and Coe House Museum. Your membership helps support our ongoing historic collections and exhibits, programs and special events, and maintenance of the historic Coe House.

The Grass Lake Area Historical Society/Coe House Museum has been in existence since 1971. During the Village of Grass Lake's Sesquicentennial in 2021, the Coe House turned 150 years old and the Grass Lake Area Historical Society turned 50 years old!

As a 501(c)3 non-profit organization, GLAHS is funded through memberships and donations. Your financial donation to GLAHS is tax-deductible.

Complete the information below and submit this form along with your membership fee, payable to GLAHS, to: Grass Lake Area Historical Society, P.O. Box 782, Grass Lake, MI 49240

Today's Date: _____ New Member Renewal Was member a long time ago

INDIVIDUAL OR FAMILY ANNUAL MEMBERSHIP:

Benefit: Receive 10% off Any Admission Fee for Museum Events throughout the year

Individual: _____\$15.00 Family: _____\$25.00

Making Mondays Matter: My Pledge* is \$_____. I will pay: Monthly Quarterly Yearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

* A Making Mondays Matter (3M) membership lets you pledge a weekly Monday amount you pay over time, making monthly, quarterly, or yearly payments. Your Monday pledge can be small (the price of a coffee or snack).

BUSINESS ANNUAL MEMBERSHIP:

Benefit: Your Business Name will be prominently posted at Coe House Museum Events and in advance Event publicity. Business Memberships help fund our Special Events.

Business: _____\$100.00 (or more) Amount enclosed: \$_____

Business Name: _____

Contact Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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| DATE RECVD _____ BY (STAFF INIT) _____ CK# _____ AMT \$ _____ DATE SENT TY _____ |
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