

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE \_\_\_\_\_

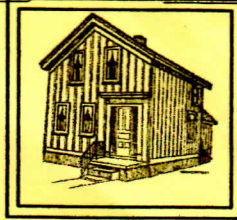
Check all that apply: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

Activities I am interested in:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Board Meeting  | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Research       |
| <input type="checkbox"/> Fund Raising   | <input type="checkbox"/> Oral History         | <input type="checkbox"/> Restoration    |
| <input type="checkbox"/> Genealogy  | <input type="checkbox"/> Photography          | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Meeting Programs   | <input type="checkbox"/> Publicity            | <input type="checkbox"/> Video Taping   |
| <input type="checkbox"/> Phone Calling  | <input type="checkbox"/> Mailing preparation  | <input type="checkbox"/> Yard work      |
| <input type="checkbox"/> Cleaning (Spring _____ Summer _____ Fall _____ ) Other _____ |   |   |

**MEMBERSHIPS AVAILABLE**

- |   |            |
|---|------------|
| <input type="checkbox"/> SINGLE _____     | \$ 10.00   |
| <input type="checkbox"/> FAMILY _____     | \$ 15.00   |
| <input type="checkbox"/> SUSTAINING _____ | \$ 25.00 * |
| <input type="checkbox"/> LIFE _____       | \$100.00   |



**SEND TO:**

The Pioneer Memorial Association  
of Fenton & Mundy Townships  
P.O. Box 154  
Fenton, MI 48430

\* Four payments = Life Membership