



Historic Fort Wayne Coalition

Membership Application

Date of application: _____

(All memberships are for one calendar year, beginning on January 1. If you apply after October 1, your application will complete the current year AND the following year.)

Please Print Clearly

APPLICANT NAME: _____

CONTACT (If Organization or Business): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ 2nd PHONE: _____

EMAIL ADDRESS: _____

Are you a veteran of the Armed Services?	_____ Yes	_____ No
Did a family member(s) work at Fort Wayne?	_____ Yes	_____ No
Are you a convicted felon?	_____ Yes	_____ No

Please list any specific skills (i.e. painter) _____
(use back of form to list more)

MEMBERSHIP OPTIONS
(Please check appropriate box)

- _____ - Individual: \$20.00/year (for individuals age 18 years or older)
- _____ - Student: \$10.00/ year (for individuals age 14 - 25 with valid student ID)
- _____ - Family: \$35.00/year (for up to 2 adults and any children under 18 not students at same address)
(Please family members with ages; use back of form if needed)

Head of Family Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

- _____ - Organization: \$75.00/year (for social, fraternal, nonprofit organizations or clubs)
- _____ - Professional: \$100.00/year (for businesses)

Dues payments are accepted in cash, check, or money order. Please return completed form (with payment) and to:
HFWC
3660 Columbiaville Rd.
Columbiaville, MI 48421-9651

Visa/MC # _____ Exp. Date: _____ Billing Zip: _____

Cardholders Name: _____ Signature: _____