



Historic Fort Wayne Coalition

**2010 Membership Application**

Please Print Clearly

APPLICANT NAME: \_\_\_\_\_

CONTACT (If Organization or Business): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

**MEMBERSHIP OPTIONS**

(Please Check Appropriate Box)

- **Individual:** \$20.00/ year (For individuals age 18 years or older)

- **Student:** \$10/ year (For individuals age 14-25 with valid student ID)

- **Family:** \$35/year (For Up to 2 adults and any children at same address)

(Please Clearly Print the Names and Ages Below – Use back for additional family members)

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

- **Organization:** \$75/year (For social, fraternal, non profit organizations or clubs)

- **Professional:** \$100.00/ year (For businesses)

Dues payment are accepted in cash, check, money order, Visa or Mastercard. Enclose payment or fill out credit card information and return completed form to:

HFWC, 3660 Columbiaville Rd., Columbiaville, MI 48421-9651

Visa -

Mastercard -  Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_