



Historic Fort Wayne Coalition
2011 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?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Did a family member(s) work at Fort Wayne?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are you a convicted felon?	<input type="checkbox"/>	YES	<input type="checkbox"/>	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: _____