



**ELK RAPIDS AREA HISTORICAL SOCIETY
GENEALOGY/RESEARCH REQUEST FORM**

231-264-5692

research@elkrapidshistory.org

Research is a service provided to Historical Society Members. If you are not a member, a membership form is attached. Research will be initiated after all forms are received. Although the Historical Society does not specifically charge its members for genealogy/research work, donations for extensive work are appreciated.

PLEASE PRINT:

DATE OF REQUEST: _____ RESEARCH NEEDED BY: _____

Name

Mailing Address

City

State

Zip Code

Home Phone

Work Phone

E-mail Address

RESEARCH REQUEST:

APPLICATION FEE: \$10.00

____ Check (Payable to ERAHS)

____ Credit Card # _____

Exp. Date: _____ 3 digit Code: _____

Zip code of Credit Card: _____

*For email application & payment: research@elkrapidshistory.org

OR

*Mail application to : ERAHS, P.O.Box 2, Elk Rapids, MI 49629

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Museum Use Only:

Received request: _____

Research found & sent/date: _____ BY: _____

Updated 8-17-2020

ELK RAPIDS AREA HISTORICAL SOCIETY

P. O. Box 2 Elk Rapids, MI 49629-0002 (231) 264-5692

2021-2022 MEMBERSHIP FORM

All memberships extend from July 1st of each year to June 30th of the next year.

Please Print:

Name

Primary Mailing Address

Primary City

State

Zip Code

Primary Home Phone

Primary Work Phone

E-mail Address

Alternate Mailing Address (for Winter/Summer Months)

Alternate City (for Winter/Summer Months)

State

Zip Code

Alternate Address Date Range (for Winter/Summer Months)

From: ____/____
(mm/dd)

To: ____/____
(mm/dd)

Example: From: 4/15
(mm/dd)

To: 10/31
(mm/dd)

PLEASE CHECK MEMBERSHIP CATEGORY

DUES *

<input type="checkbox"/> Single membership	\$ 25
<input type="checkbox"/> Family membership	\$ 40
<input type="checkbox"/> Business membership	\$ 50
<input type="checkbox"/> Patron membership	\$ 100
<input type="checkbox"/> In addition, I would like to donate the following:	\$
TOTAL ENCLOSED:	\$

Credit Card Payments Now Accepted!

Card Number: _____ **Expiration Date:** _____

Billing Zip Code: _____ **Three digit Code on back of card:** _____

Signature: _____