

Chicago-Midwest Chapter of the Organ Historical Society

Membership Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Annual Membership Dues (\$15.00 includes subscription to chapter journal, 4 issues)\$ _____

Additional member at same address (\$10.00 does not include journal subscription)\$ _____

Additional Member Name: _____

Donation:\$ _____

Donation Categories: Friend (\$5 - \$24) Patron (\$25 - \$49)
 Sponsor (\$50 - \$99) Guarantor (\$100 or more)

Total Enclosed: \$ _____

Send this application, along with your check made out to *Chicago-Midwest Chapter of the OHS*, to:

Stephen Schnurr
c/o Saint Paul Catholic Church
Post Office Box 1475
Valparaiso, Indiana 46384-1475

If you'd like to volunteer or have special interests, note your ideas on the back side of this form.