

SPOOM

The Society for the Preservation of Old Mills



Membership Application

Name: _____ *

Address 1: _____ *

Address 2: _____

City: _____ *

State or Country: _____ *

Zip: _____ *

Email Address: _____ *

Phone: _____ *

Membership # if known: _____

Status: ___ New ___ Renewal *

Type: *

Student: ___ 1 Year - \$10 ___ 2 Years - \$20 ___ 3 Years - \$30

Individual: ___ 1 Year - \$23 ___ 2 Years - \$46 ___ 3 Years - \$69

Family: ___ 1 Year - \$28 ___ 2 Years - \$56 ___ 3 Years - \$84

Organization: ___ 1 Year - \$50 ___ 2 Years - \$100 ___ 3 Years - \$150

Corporate: ___ 1 Year - \$250 ___ 2 Years - \$500 ___ 3 Years - \$750

* Fields are mandatory

Donation Amount (optional): _____

Send the form and the check, made payable to SPOOM, to:

Debbie Remer
SPOOM Membership Coordinator
P.O. Box 182483
Shelby Township, MI 48318-2483

Email questions to: dremer5337@comcast.net