



Membership Application*

PO Box 253
Dexter, MI 48130
wthsmi@gmail.com

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone: _____

Member Type:

- Student..... \$5.00
- Individual, nonstudent \$20.00
- Family \$30.00
- Patron..... \$50.00
- Donation..... \$ _____.00
- TOTAL Enclosed \$ _____.00

Please describe any special skills you wish to contribute: _____

Please indicate your areas of interest:

- Webster Historical Archives
- Docent for Events
- Building Rentals & Cleaning
- Maintaining Grounds & Gardens
- Building Maintenance
- Membership
- Website Design and/or Maintenance
- Social Media (Facebook, etc.)
- Programs for Meetings
- Event Planning
- Fund-raising
- Other: _____

*Please note the WTHS membership year is January 1 – December 31.