



**BARAGA COUNTY HISTORICAL  
MUSEUM**

**P.O. BOX 567**

**BARAGA MICHIGAN 49908**

**PHONE: (906) 353-8444**

**MEMBERSHIP APPLICATION**

**PLEASE PRINT OR TYPE APPLICATION**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE (OPTIONAL):** \_\_\_\_\_

**NEW MEMBER:** \_\_\_\_\_ **DUES RENEWAL:** \_\_\_\_\_

**DUES INFORMATION: YEARLY DUES ARE: \$18.00**  
**LIFETIME MEMBERSHIP: \$100.00**  
**(DUES YEAR IS OCTOBER TO OCTOBER)**

**SEND COMPLETED APPLICATION TO:**  
**BARAGA COUNTY HISTORICAL MUSEUM**  
**P.O. BOX 567**  
**BARAGA, MI 49908**