

You have shown interest, by supporting the BHPS and the Bates Township Hall Campaign, so we are inviting you to join us in either a active membership role and/or a supportive role. We ask that you please read our application for explanation. Please feel free to contact us with any questions. Thank you!

**Application for Membership
to the
BATES HALL PRESERVATION SOCIETY**

Mission Statement: The mission of the BHPS is to preserve and share Bates Township heritage with present and future generations.

The Bates Township Hall is a visual reminder of the individuals and families that have shaped our community. Our mission is to preserve and share the Hall and its heritage with present and future generations. Our goal is to make structural and aesthetic improvements, but more importantly bring it back to its original function: A meeting and gathering place for the community. We welcome your support by becoming an active and/or a yearly supportive member of BHPS. Annual dues are \$10 and are due January of each year. [A family consisting of a spouse/spouse is considered one membership for the purpose of dues payment and for voting unless each spouse wishes to have a separate membership which then permits separate voting rights at any Special Meeting or the Annual Meeting held in January]. *Note: Membership after the initial dues will be payable by proration for the months remaining until January of the following year and calculated at \$1 per month.*

Eligibility: Any person interested in our mission and purpose including an individual, trust, estate, partnership, association, company or corporation may apply for active and/or supportive membership.

APPLICATION FOR MEMBERSHIP TO THE BATES HALL PRESERVATION SOCIETY

Name(s): _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Check one: **[Tax Exempt - IRS Code Section 501(c)3 - EIN 86-1744011]**

_____ I wish to be an active member and my dues are enclosed.

_____ I wish to be a (non active) member but my dues and/or donation is enclosed.

_____ I wish to be taken off future contact lists.

Check if interested:

_____ I am interested in helping with various functions of the BHPS and wish to be contacted.

My area of interest(s) in assisting BHPS: _____

Comments, if any: _____

Signature _____

Date _____

**Please send to: BHPS/Membership
P.O. Box 542
Iron River, MI 49935
Questions: Margee at 906-284-0988**