

CHICAGO-MIDWEST CHAPTER of the ORGAN HISTORICAL SOCIETY
Membership Year 2024-2025

MEMBERSHIP APPLICATION/RENEWAL FORM

New Renewal/Current Returning

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

Please omit my entry from the annual Chapter Directory

I prefer to receive issues of *The Stopt Diapason* electronically

Annual Membership Dues \$ _____
(\$20.00 includes subscription to chapter journal, 4 issues)

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

Additional Member Name: _____

Additional Member E-mail: _____

Additional Options:
Underwrite One Issue of the *Stopt Diapason* \$ _____
(\$250.00 we will credit your generosity in the issue!)

Contribute to the Emergency Organ Rescue Fund \$ _____
(This fund is only used to save organs in peril.)

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

TOTAL ENCLOSED \$ _____

Send this application and your check made out to: **Chicago-Midwest Chapter of the OHS**, to:
Chicago-Midwest Chapter, OHS
c/o Br. Benjamin Basile, C.P.P.S.
1340 121st Street
Whiting, IN 46394-1910

*If you would like to volunteer or have a special interest, note your ideas on the back of this form.
We will respond quickly. Thank you!*