

Historic Hopewell Church



PLEASE PRINT OUT AND COMPLETE THIS FORM.

Note: Members must be 18 years of age or older.

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: area code: _____ number: _____

E-mail address: _____

Are you willing to be a volunteer? Yes Not at this time

Type of Membership:

_____ Annual Membership — runs from January 1 to December 31 (**\$5** per year)

_____ Lifetime Membership (a one-time payment of **\$50**)

Amount enclosed \$ _____

Please mail this form along with your check payable to:

Historic Hopewell Church, Inc.
P.O. Box 644
Oxford, OH 45056