



Northern Indiana Historical Power Association Membership Application/Renewal

Please circle one: **NEW MEMBER** **RENEWAL**

**** Paid Lifetime members – please fill out and return so we can verify your information and keep you on the mailing list****

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Spouse's Name: _____

Children's Names / ages (18 years and under): _____

Type of Membership:

Annual | \$15.00 Dues

Lifetime | \$250.00 minus verifiable age

Senior (70 yrs. or older) | \$5 (If member for 5 consecutive years) or \$15

Would you like to receive our newsletter?

Yes

By email _____

By mail

No

Who should we contact in case of an emergency? (Please give name & number)

Mail complete application and check to:

NIHPA Membership

PO Box 2803

Chesterton, IN 46304

Website: www.nihpa.org