

Chicago-Midwest Chapter of the Organ  
Historical Society

**Membership Application/Renewal Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Please omit my entry from the annual Chapter Directory

**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 \_\_\_\_\_

**Derek / Dennis, I can do more!**

**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 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, along with your check made out to the **Chicago-Midwest Chapter of the OHS**, to:

**Dr. Dennis E. Northway, Treasurer**  
**Chicago-Midwest Chapter of the Organ Historical Society**  
**2501 West Lunt**  
**Chicago, IL 60645**

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