



# HISTORIC MOBILE PRESERVATION SOCIETY

*Preserving Mobile's Past for Future Generations*

_____	<b>Student</b>	<b>\$10</b>	_____	<b>Contributing</b>	<b>\$250</b>
_____	<b>Individual</b>	<b>\$35</b>	_____	<b>Sustaining</b>	<b>\$500</b>
_____	<b>Family</b>	<b>\$50</b>	_____	<b>Benefactor</b>	<b>\$750</b>
_____	<b>Supporting</b>	<b>\$100</b>	_____	<b>Corporate</b>	<b>\$1,000</b>

**Payment Information:**

\_\_\_\_\_ **Check Enclosed**                      Please bill my \_\_\_\_\_ **VISA** \_\_\_\_\_ **MasterCard**

**Account #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address: (If different from mailing address)**

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\_\_\_\_\_ **I would like to assist with HMPS activities. Type of help:** \_\_\_\_\_

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

**Company Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please complete this form and return it with payment information.**

**Checks should be made payable to HMPS.**

**Email form to: [hmps2@bellsouth.net](mailto:hmps2@bellsouth.net)**

**Fax form to: 251-432-8843**

**Mail form to: HMPS, 350 Oakleigh Place, Mobile, AL 36604**

**THANKS FOR YOUR SUPPORT**

**Your membership contribution is tax deductible to the extent provided by law.**