

OTTAWA CO. HISTORICAL MUSEUM



TELEPHONE 732-2237
ONE TWENTY SIX WEST THIRD STREET
PORT CLINTON, OH 43452

9/16
2/1

THE PORT CLINTON AREA HERITAGE FOUNDATION WOULD LIKE TO INVITE YOU TO BECOME A MEMBER. THE FOUNDATION MAINTAINS AND OPERATES THE OTTAWA COUNTY HISTORICAL MUSEUM FOR THE PRESERVATION OF HISTORIC ARTIFACTS, PHOTOGRAPHS, RECORDS, AND OTHER MEMORABILIA OF THE AREA.

SINCE THE FIRST MEMBERSHIP DRIVE IN APRIL, 1980, THE FOUNDATION HAS PURCHASED THE BUILDING CURRENTLY HOUSING THE MUSEUM. HAPPILY, WE COMPLETED PAYING FOR THE BUILDING AND "BURNED THE MORTGAGE". WE ARE NOW MAKING PLANS FOR AN EXPANSION OF THE BUILDING TO PROVIDE MUCH NEEDED ADDITIONAL SPACE.

MEMBERS OF THE FOUNDATION ARE MOST WELCOME TO ATTEND THE MEETINGS OF THE TRUSTEES, HELD AT THE MUSEUM AT 7:00 P.M. ON THE SECOND TUESDAY OF EACH MONTH. YOU WILL ALSO BE KEPT UP TO DATE ON MUSEUM NEWS AND "HAPPENINGS". MEMBERSHIP DUES ARE \$12.00 FOR THE ORGANIZATION'S YEAR.

PLEASE JOIN AND TAKE PART IN PRESERVING THE PAST SO THAT IT CAN BE A GIFT TO THE FUTURE!

James Rusincovitch, President
Elizabeth Denney
Dr. Gary Greunke
James R. Snider
Sharon Snider
Lockwood Zeis
Mary Jane Zeis

Yes, I would like to become a member.

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____

Please make your \$12.00 (per person) check payable to :

PORT CLINTON AREA HERITAGE FOUNDATION

Mail to: PCAHF, P.O. Box 845, Port Clinton, OH 43452

1661



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DEAR MEMBER,

THE PORT CLINTON AREA HERITAGE FOUNDATION INVITES YOU TO RENEW YOUR MEMBERSHIP. YOUR PAST SUPPORT AND INTEREST HAS BEEN GREATLY APPRECIATED. MEMBERSHIP DUES ARE \$12.00 FOR THE YEAR. JUST ONE DOLLAR A MONTH HELPS TO PRESERVE THE PAST FOR OUR FUTURE GENERATIONS TO ENJOY. THANK YOU FOR YOUR CONTINUED SUPPORT.

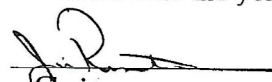
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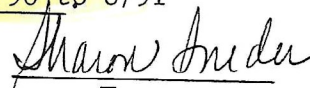
Clip and save membership card to the right.

This will save your Foundation the cost of postage for the membership card.

The Port Clinton Area Heritage Foundation
This certifies that

is a member of The Foundation and as such is entitled to all the rights and benefits hereby extended for the year 9/90 to 8/91


Chairman


Treasurer

Yes, I would like to renew my present membership!

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____

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