

CENTRAL SIERRA HISTORICAL SOCIETY AND MUSEUM

MEMBERSHIP APPLICATION

Title (check one or more):

Mr. Mrs. Ms. and family other title _____

Name _____

Address _____

City _____ State _____ Zip _____

Company Name _____ Title _____

Home Phone _____ Work Phone _____ e-mail _____

Type of membership: New Renewal Gift for (complete the following):

Name _____

Address _____

City _____ State _____ Zip _____

Annual Membership Levels:

Gold Donor	Any amount over \$1,000
Silver Donor	\$500
Bronze	\$250
Benefactor	\$100
Patron / Business	\$50
Family	\$35
Individual	\$20
Student	\$10

Memorial / Gift or Honor Donation: \$ _____

Memorial in the name of _____

Family/individual to notify _____

Address _____

City _____ State _____ Zip _____