

## MEMBERSHIP / RENEWAL FORM

This is a:  new membership  renewal

Name(s): \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Circle membership category:

Regular	\$20
Family	\$30
Patron	\$100
Gold	\$200
Student	\$10
Organization	\$35
Sponsor	\$50

I am interested in the following involvement opportunities:

- Research       Programs       Publicity       Hospitality       Telephoning  
 Writing       Field Trips       Fundraising       Display Case       Computer Input  
 Library       Outreach       Newsletter       Taking minutes of Board meetings  
 Recording people's stories on tape       Other \_\_\_\_\_

My suggestions or comments: \_\_\_\_\_

Please mail this form and your tax deductible dues and/or contribution to:

Calabasas Historical Society, P.O. Box 8067, Calabasas, CA 91372

*(a 501-(c) 3 nonprofit organization)*