



ST. HELENA HISTORICAL SOCIETY

MEMBERSHIP APPLICATION

New Renewal

Member Information

Name(s) _____

Business or Organization _____

How would you like your name(s) to appear? _____

Mailing Address _____

City, State, Zip _____

Phone: _____ Email: _____

(email used for historical society notifications only; never shared)

Membership Level

- | | |
|--|--|
| <input type="checkbox"/> Individual \$30 | <input type="checkbox"/> Contributing Member \$100 |
| <input type="checkbox"/> Dual \$40 | <input type="checkbox"/> Business/Corporate \$200 |
| <input type="checkbox"/> Family \$50 | <input type="checkbox"/> Life Member \$500 |

Additional donation of \$_____

Volunteer help is always welcome!

check areas of interest:

- Event set up or other help on day of event.
- Committee: (circle one) Collections, Membership, Newsletter, Program.
- I want more information about volunteer opportunities, please call me.

***Make check payable to St. Helena Historical Society and mail to:
St. Helena Historical Society, P.O. Box 87, St. Helena, CA 94574***

Thank You!