

MEMBERSHIP FORM

Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date _____

MEMBERSHIP CATEGORIES

INDIVIDUAL MEMBERSHIPS

- Individual: \$30
- Family (2 or more): \$50
- Gold: \$100
- Sponsor: \$250
- Patron: \$500
- Centennial Circle: \$1000

SPECIAL MEMBERSHIPS

- Student: \$15
- Educator: \$25

BUSINESS MEMBERSHIPS

- Healdsburg's 100: \$100
- Premier Business: \$500

Please accept this additional donation to the Annual Fund \$ _____

Please accept this additional donation to the Endowment Fund \$ _____

Honor of _____ Memory of _____

Payment by check is enclosed Please charge my: VISA MC

Credit Card Number _____

Expiration Date _____ Name on Card _____

Signature _____

PLEASE LIST AS FOLLOWS IN PUBLICATIONS: _____

**THANK YOU! Please print and complete this form. Send with payment to:
Healdsburg Museum & Historical Society, ATTN: Membership, P.O. Box 952, Healdsburg, CA 95448**