

# Membership Application

## Sonoma County Historical Society

|                        |                                                |
|------------------------|------------------------------------------------|
| <b>Check category:</b> |                                                |
|                        | New Membership                                 |
|                        | Renewal Membership                             |
|                        | Gift Membership<br>Please sign gift card from: |

|                        |                                          |                      |
|------------------------|------------------------------------------|----------------------|
| <b>Check category:</b> |                                          |                      |
|                        | \$20 Individual Membership               |                      |
|                        | \$25 Family Membership (at same address) |                      |
|                        | \$100 Supporting Membership              |                      |
|                        | \$350 Life Membership                    | Name of life member: |
|                        | \$ Monthly Pledge                        |                      |
|                        | \$ Contribution                          |                      |

**The Sonoma County Historical Society is a non-profit organization. Dues and contributions are tax-deductible to the extent allowable by law.**

|                             |                   |                  |
|-----------------------------|-------------------|------------------|
|                             | <b>First Name</b> | <b>Last Name</b> |
| <b>1) Name (Individual)</b> |                   |                  |
| <b>2) Name (Family)</b>     |                   |                  |
| <b>Organization Name</b>    |                   |                  |
| <b>Address</b>              |                   |                  |
| <b>City</b>                 |                   |                  |
| <b>State</b>                | <b>Zip</b>        |                  |
| <b>Phone</b>                |                   |                  |
| <b>Email</b>                |                   |                  |

Make checks payable to **SCHS** and mail completed form to:

**Membership Secretary  
PO Box 1373  
Santa Rosa, CA 95402**

|                                          |                                      |  |                |
|------------------------------------------|--------------------------------------|--|----------------|
| <b>Please indicate area of interest:</b> |                                      |  |                |
|                                          | Journal production/mailings          |  | Letter writing |
|                                          | Research/writing of journal articles |  | Oral histories |
|                                          | Organize tours and special events    |  | Fundraising    |
|                                          | Annual awards banquet                |  | Publicity      |
|                                          | Preservation actions                 |  | Other:         |

How did you hear about us?

**Thank you for your support!**