CCHS MEMBERSHIP FORM

CLARK COUNTY HISTORICAL SOCIETY
Operating the Museum Since 1964

☐ *I am becoming a member* ***OR*** ☐ *I am renewing membership*

☐ *I want to purchase another membership as a gift*

NAME _____ *ADDRESS* _____

*CITY*_____ *STATE* _____ *ZIP+4*_____

*PHONE*_____ *E-mail* _____

Also enclosed is my ***donation*** *of $_____. My donation is* ☐*in memory of* ***OR*** ☐*in honor of:*

_____

Annual Memberships	
☐ Student (ID req'd)	$25.00
☐ Individual	$40.00
☐ Family	$60.00
☐ Associate *	$100.00
☐ Historian *	$250.00
☐ Curator *	$500.00
☐ Steward *	$1000.00
☐ Visionary *	$2500.00

*Memberships $100 & above entitle you to NARM reciprocal benefits. Call 360/993-5679 for details.

Annual Corporate Memberships	
☐ Stakeholder 1	$500.00
☐ Stakeholder 2	$1000.00
☐ History Ambassador	$2500.00
☐ Northwest Guardian	$5000.00
☐ Sponsor	$10000.00

Please contact the Museum for corporate membership benefit details or go to www.cchmuseum.org/membership/become-a-member/.

Corporate Name:

Contact Person :

Payment information

□ *Check (payable to CCHS) #*_____ □ *VISA* □ *MasterCard*

_____/_____/_____/_____

Card Number *Signature* *3-digit code* *Exp. date*

Please send me information about:

□ *Volunteer opportunities*

□ *Making a gift to the Clark County Historical Museum through bequest, annuity, charitable trusts, insurance, securities, or real estate.*

□ *Including CCHS in my will/trust*

Return form and payment to:

Clark County Historical Museum
1511 Main Street
Vancouver, Washington 98660

Office use only

Date paid:_____ Initial:_____

Date ent'd:_____ Card:_____