

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	
<input type="checkbox"/> Student (ID req'd)	\$25.00
<input type="checkbox"/> Individual	\$40.00
<input type="checkbox"/> Family	\$60.00
<input type="checkbox"/> Associate	\$100.00
<input type="checkbox"/> Historian	\$250.00
<input type="checkbox"/> Curator	\$500.00
<input type="checkbox"/> Steward	\$1000.00
<input type="checkbox"/> Visionary	\$2500.00

Annual Corporate Memberships	
<input type="checkbox"/> Community Leader Level 1	\$250.00
<input type="checkbox"/> Community Leader Level 2	\$500.00
<input type="checkbox"/> Community Leader Level 3	\$1000.00
<input type="checkbox"/> History Ambassador	\$5000.00
<input type="checkbox"/> Northwest Guardian	\$10000.00
Please contact the Museum for corporate membership benefit details.	
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: _____