CCHS MEMBERSHIP FORM

☐ 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

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

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

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:_____________