

2019 MEMBERSHIP ENROLLMENT FORM



Please support BCHS and enjoy the benefits of membership!

- I/we are:** New Member(s) Renewal
Membership: Individual \$30 Joint \$50 Century \$100
 Golden \$250 Benefactor \$500
 Please accept my/our additional tax-deductible 501(c) (3) gift of \$ _____

Name(s): _____ Telephone: _____
If Joint Membership, include names of both members.

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ *Please include your email address as the BCHS is increasing digital communication to better serve you. The BCHS does not sell or distribute its lists. Thank you!

Membership Benefits: ♦ Free admission to the museum ♦ Mileposts – BCHS Newsletter ♦ Advance notice of special events
♦ 15% discount on most items in Museum Store ♦ Access to genealogical and archival records

I /we are interested in volunteering for the BCHS. Interest area(s): _____

_____ Full amount is enclosed _____ or Credit Card Visa Master Card American Express

Account #: _____ Expiration Date: _____ / _____ CVV Code: _____

Zip Code: _____ Name on Card: _____ Signature: _____
(PRINT NAME) (REQUIRED)