

# MEMBERSHIP ENROLLMENT/RENEWAL FORM



## Membership Category:

Please support BCHS and enjoy the benefits of membership!

I/we are:

New Member(s)

Renewal Member(s)

Individual \$40 (1 adult)

Joint/Household \$60 (2 adults & children in household age 18 and under)

Century \$100 = a donation plus Individual or Joint/Household benefits

Golden \$250 = a donation plus Individual or Joint/Household benefits

Benefactor \$500 = a donation plus Individual or Joint/Household benefits

Please accept my/our additional tax-deductible 501(c) (3) gift of \$ \_\_\_\_\_

Name(s): \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Include names of all 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

◆ 10% 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  Discover

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

(PRINT NAME)

(REQUIRED)