

**NORTH CLARK HISTORICAL MUSEUM**  
**P.O. Box 296, Amboy, WA 98601 (360-247-5800)**

**MEMBERSHIP YEAR: 2016**

Category (Please check one)

- |                                       |         |  |             |
|---------------------------------------|---------|--|-------------|
| <input type="checkbox"/> Individual   | \$15.00 | <input type="checkbox"/> Patron        | \$100.00    |
| <input type="checkbox"/> Family**     | \$20.00 | <input type="checkbox"/> Historian     | \$250.00    |
| <input type="checkbox"/> Contributing | \$30.00 | <input type="checkbox"/> Benefactor    | \$500.00    |
| <input type="checkbox"/> Supporting   | \$50.00 | <input type="checkbox"/> Honored Donor | \$1,000.00+ |

\*\*two adults over 18 in the same household

I would also like to make an additional donation in the amount of \_\_\_\_\_ to the NCHM.

- New Member      Name(s) \_\_\_\_\_
- Annual Renewal      Street or P.O. Address \_\_\_\_\_
- Reinstate      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Phone \_\_\_\_\_ Cell \_\_\_\_\_
- Business      E-Mail address \_\_\_\_\_
- Organization       check if there is a change in your information

(Information is for Museum use only and will not be shared)

**Thank you for your continuing support.**

I would like to:      Volunteer \_\_\_\_\_      Serve on a committee \_\_\_\_\_

Please check those that you are interested in:

- |              |                    |                      |                |                                |
|--------------|--------------------|----------------------|----------------|--------------------------------|
| ___ Audio    | ___ Grant Writing  | ___ Maintenance      | ___ Membership | ___ Publicity                  |
| ___ Docent   | ___ Fundraising    | ___ Gardening        | ___ Newsletter | ___ Quilt Show                 |
| ___ Exhibits | ___ Special Events | ___ General Cleaning | ___ Historian  | ___ Native American<br>Culture |

NCHM is a nonprofit organization depending on memberships, donations, and fundraisers to operate. Thank you.

For Official Use Only: to be completed by the Treasurer      Received by \_\_\_\_\_

Date Received \_\_\_\_\_      Total Received \_\_\_\_\_      Cash \_\_\_\_\_      Ck # \_\_\_\_\_