

Novato Historical Guild 2024 Membership Application/ Membership Renewal

| Name: (print both names for Family Me | mbership) |
|--|---|
| Address: | |
| e-mail address: | Phone: |
| Type of Membership requested: | : (Dues are for the calendar year) |
| Please Circle: New Member or Renews | al |
| Individual (\$30) Family (\$40) Business (\$75) | Life– Individual (\$350) Life – Family (\$500) |
| Membership free to persons 90 ye | ears old |
| Check if you want to receive the | e Historian newsletter in digital (email) format only |
| Additional contribution to support the wo | ork of the Guild \$ o Historical Guild in your will |
| In addition to my financial support, I wo by volunteering in the following area(s): | uld be interested in supporting the Guild's work |
| Newsletter Exhibit creation Midweek docent Saturday docent Third grade docent Oral history transcription | Develop website content Historical research Computer cataloging Committee work Guild Board Member Other |

I have an interest and/or experience in the following areas which may be useful to Guild projects:

(OVER)

Please return this completed form to NOVATO HISTORICAL GUILD P.O. Box 1296 Novato, Ca. 94948-1296

Pay with a check to Novato Historical Guild Or

____Use Pay Pal at www.novatohistory.org/Get Involved/Membership

Or

__Complete information below to pay by Credit Card

_____ MasterCard or _____Visa

Expiration: ______ Security Code: _____ (3 digit number on back of card.)

Amount of this charge: \$ _____

Signature of Cardholder



THANKS FOR HELPING THE GUILD FULFILL ITS MISSION OF "PRESERVING NOVATO'S HISTORY"