

## 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	<ul> <li>Develop website content</li> <li>Historical research</li> <li>Computer cataloging</li> <li>Committee work</li> <li>Guild Board Member</li> <li>Other</li></ul>

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"