

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"