

2017 YCHS Membership Application



YES! I want to help support local history as a member of the Yamhill County Historical Society.

Your contribution to the Society goes directly towards our activities, events, educational programs, building improvements and daily operations, all of which greatly benefit our community. We ask for your membership in the YCHS so we may continue with the valuable activities and events to increase and support our existing membership, and to foster potential visitors and new membership in our community.

Thank you for your support of the YCHS.

RETURN THIS ENTIRE FORM WITH YOUR REMITTANCE

MEMBERSHIP CATEGORIES

Members receive The West Side newsletter (10 issues per year), free admission to the Lafayette Museum and Library, access to genealogical and historical files, access to the Yamhill Valley Heritage Center, monthly potluck and program for members, invitations to special programs and events, and 10% off photo orders and gift shop purchases.

The membership year runs from January 1 (or date of new membership) to December 31.

Dues for 2017

Category	(January 1 - Dec. 31, 2017)
Senior/Student/Educator	<input type="checkbox"/> \$15.00
Senior Family	<input type="checkbox"/> \$25.00
Individual	<input type="checkbox"/> \$20.00
Family (Basic)	<input type="checkbox"/> \$30.00
Friend	<input type="checkbox"/> \$55.00
Supporter	<input type="checkbox"/> \$125.00 +
Community Builder	<input type="checkbox"/> \$250.00 +
Community Benefactor	<input type="checkbox"/> \$500.00 +

I AM A NEW MEMBER

I AM A RENEWING MEMBER

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I would prefer to receive the YCHS newsletter via: Email Postal Mail

I would like to volunteer to help with activities of the YCHS. Please contact me.

Please click here if you do not wish to have your name and contact information released to the Yamhill County Cultural Coalition and/or for the purpose of obtaining grant funding. Member information will never be sold or released for any other purpose unless written consent is provided by the member.

Please make checks payable to YCHS and return with this printed form to:
YCHS, P.O. Box 484, Lafayette, OR 97127

Questions? Call Membership Coordinator Carlene Kadell (503) 474-0480 or email: amity1956@yahoo.com