



Membership and Renewal Form



Date _____

Name(s) _____

Address _____

City _____ St _____ Zip _____

E-mail _____

Day Phone _____ - _____ - _____

Eve Phone _____ - _____ - _____

Date of Birth (Optional) _____

If this is a gift, who is it from? _____

How did you hear about us? _____

Annual Membership Fees

Individual	\$10.00	<input type="checkbox"/>
Family	\$15.00	<input type="checkbox"/>
Organization	\$30.00	<input type="checkbox"/>
Lifetime Individual	\$100.00	<input type="checkbox"/>
Donation	\$ _____	
Other _____	\$ _____	
Total Enclosed	\$ _____	

New
 Renewal
 Cash
 Check
 Ck # _____

Make Check Payable to: **BDHS**
 Mail to:
Black Diamond
Historical Society
PO Box 232
Black Diamond, WA 98010

For our records, on all checks please note purpose of check. (Dues, Donation, Memorial, etc.)

(Museum Use Only) Referred by: _____ Date: _____ Posted by: _____ Date: _____ (rev. 6/10/10)