



Membership and Renewal Form

Date _____

Name(s) _____

Address _____

City _____ St _____ Zip _____

E-mail _____

Day Phone _____ - _____ - _____

Eve Phone _____ - _____ - _____

Date of Birth _____

If this is a gift, who is it from?

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	\$ _____	<input type="checkbox"/>
Other _____	\$ _____	<input type="checkbox"/>
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.)