



MEMBERSHIP APPLICATION FORM

Yes! I would like to enjoy the many wonderful programs the Historical Society offers along with special programs, events, and discounts just for members. When I become a member, I'll be joining hundreds of others whose support ensures the vitality of Cannon Beach's culture, treasures, and memories. Count me in!

Select Your Level of Membership

- | | |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Sustaining | \$1,000 (plus \$250 annually) |
| <input type="checkbox"/> Patron | \$ 200 |
| <input type="checkbox"/> Sponsor | \$ 125 |
| <input type="checkbox"/> Family | \$ 35 |
| <input type="checkbox"/> Individual | \$ 20 |

Tell Us About Yourself

Name _____

Mailing Address _____

City, State, Zip _____

Email _____ Phone _____

Return This Application with Your Payment (Check or Money Order) to:

Cannon Beach Historical Society
P.O. Box 1005
Cannon Beach, OR 97110

CBHS Use Only

Date received: _____

Member Number: _____