

Butte County Historical Society

MEMBERSHIP APPLICATION

Check One: Individual (\$25) Supporting (\$50)
 Family (\$35) Sustaining (\$100)
 Senior (\$20) Organization (\$25)
 Senior Family (\$30)

Name _____

Address _____

City _____ ZIP _____

Phone _____

Email _____

Please mail, with your check, to:

BCHS
P.O. Box 2195
Oroville, CA 95965