Butte County Historical Society
MEMBERSHIP APPLICATION

Check One:

__ Individual ($30)
__ Family ($40)
__ Senior ($25)
__ Senior Family ($35)
__ Supporting ($50)
__ Sustaining ($100)
__ Organization ($30)

Name _____

Address _____

City _____ **ZIP** _____

Phone _____

Please mail, with your check, to:

BCHS
P.O. Box 2195
Oroville, CA 95965