Sierra Vista Historical Society

PRESERVING THE PAST FOR THE FUTURE

P. O. Box 1088 • Sierra Vista, AZ 85636 • Tel 520-458-1416

MEMBERSHIP APPLICATION

Name(s): _____

Street: _____

City: _____State: _____ Zip:_____

Telephone: _____E-Mail: _____

Membership Type: Please Check: ❑ Single $15.00 ❑ Family $20.00
❑ New ❑ Renewal

Application Date: _____

Birthday Month(s): 1st Person Month: _____ 2nd Person Month: _____

WAYS YOU CAN HELP

Please indicate all areas of possible interest. We will contact you with information.

MUSEUM: Docent _____ Research _____

Youth Programs _____ Oral History Program _____

GIFT SHOP: Salesperson _____ Consignments _____

FUND RAISING: Major Events to benefit construction of the new museum: _____

Minor Events (Ice Cream Sales, Summer Concerts, etc.) _____

In Memoriam Program _____Pledge Program _____

Make Checks Payable to the Sierra Vista Historical Society, Inc. or SVHS

Mail Application to:
Sierra Vista Historical Society, Inc.
P.O. Box 1088
Sierra Vista, AZ 85636-1088