



PRESERVING THE PAST FOR THE FUTURE

APPLICATION FOR MEMBERSHIP

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Reason you want to become a member of WCHC _____

On which of the following committees would you be willing to serve?

- | | |
|---|--|
| <input type="checkbox"/> Preservation | <input type="checkbox"/> Publicity and Tourism |
| <input type="checkbox"/> Markers and Cemeteries | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Museum and Archives | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Events and Education | <input type="checkbox"/> Membership & Volunteers |
| <input type="checkbox"/> Finance & Budget | <input type="checkbox"/> Minority History |

Do you have a special preservation or historical interest? _____

Have you attended the required two (2) meetings of the WCHC? _____