

# Saratoga Historical Foundation and Saratoga Historical Museum

Become a member and join us in preserving the history of Saratoga

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Apt. No. \_\_\_\_\_ P.O. Box No. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your address/phone number changed since last renewal? Yes / No

*Your membership is greatly appreciated!*

*Your membership is tax-deductible!*

**Please check a membership category:**

**Volunteers are needed to plan and carry on  
Foundation and Museum functions.**

___ Tollgate (Lifetime Member)	\$1,500
___ McCartysville	\$1,000
___ Bank Mills	\$500
___ Patron	\$200
___ Sustaining	\$100
___ Contributing	\$50
___ Regular (Family)	\$30
___ Basic (Individual)	\$20
___ Business or Organization	\$100 - \$500
___ Other	\$ _____

Please check your area of interest or how you  
may be willing to help:

___ Museum Docent
___ Walking Tour Docent
___ Archivist
___ Research or Restoration
___ Exhibit Planner/Fabricator
___ Admin/Clerical Help
___ Programs Committee
___ Newsletter Reporter
___ Food/Refreshments Committee

**Please make your check payable to:**

**Saratoga Historical Foundation**

**and mail to:**

**P.O. Box 172, Saratoga, CA 95071**

If your Employer has a matching-grant program, please enter the name of your company  
or organization: \_\_\_\_\_

**Welcome and thank you for joining the Saratoga Historical Foundation!**