



I want to join the El Cajon Historical Society

Date _____

Annual Membership Dues

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> \$10 Individuals | <input type="checkbox"/> New Member |
| <input type="checkbox"/> \$15 Family | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> \$25 Organization | |
| <input type="checkbox"/> \$35 Business | |
| <input type="checkbox"/> \$500 Life Member | |

Name _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

I would be interested in volunteering for the following:

(Check as many as apply)

_____ Docent/Tours _____ Preservation/Oral History

_____ Genealogy _____ Quilting/Crafts _____ Office/Telephoning

Mail to: El Cajon Historical Society, P.O. Box 1973, El Cajon, CA 92022-1973

Make check payable to: El Cajon Historical Society