

## New-Membership Application

Please enroll me/us as a member of the Kern County Historical Society.

\_\_\_\_\_  
Name/s (Please Print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
City and Zip

Enclosed is a check for \$ \_\_\_\_\_ in payment for an Individual (\$15.00), a Family (\$25.00), an Organization (\$25,00), a Business (\$50.00), or a Life (\$200.00) membership. You must be 50 years of age or older to be eligible for a Life membership.

Return this form with your check and mail

to:

Kern County Historical Society Inc.

PO Box 141

Bakersfield, CA 93302

