



Friends of the Siskiyou County Museum
PO Box 82, Yreka, 96097 fscmuseum@gmail.com

Today's Date: _____

2024
Membership Enrollment Form

Name _____ Renewal _____ or New _____

Email Address (**Please Print**) _____

NOTE: Email is the default method of communication unless you check this box

Mailing Address _____

Phone Number _____

Membership Fee (check one) (Membership includes FREE ADMISSION!)

___ Individual Member: \$10/year (January to December)

Family Membership: \$20/year (January to December)

___ Business/Organization Partner: \$25/year

___ Additional Donation enclosed in the amount of _____

Are you interested in any volunteer opportunities? (Please circle all that apply)

Museum Volunteer

Gift Shop

Guest Curator

Committee Chair

General Administration

Fundraising

Committee Member

Newsletter

Museum/Membership Events

Please list any special skills or interests:

For administrative purposes:

----- Membership Card Issued Member added to Membership Spreadsheet

Member added to gmail email list (send latest newsletter)

----- Cash

Check (check number) (_____)

----- Credit Card