Friends of the Siskiyou County Museum

PO Box 82, Yreka, 96097fscmuseum@gmail.com

Today's Date: _____ 2025 **Membership Enrollment Form** Renewal or New Name Email Address (**Please Print**) NOTE: Email is the default method of communication unless you check this box \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 **Guest Curator** Gift Shop **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