

# Fort Rock Valley Historical Society

## MEMBERSHIP FORM

\_\_\_\_\_ Date

Please PRINT

Name	_____
Address	_____ _____
City, ST ZIP	_____
Email	_____

Your membership includes free entrance to the Homestead Village Museum for your family and a newsletter published several times each year.

Yes! Send my newsletter by email

I want a ONE , " " " Membership 10.00

I want a ' \* " Y " " Membership 20.00

*Additional donations are tax deductible*

Amount enclosed \$

Make checks payable to: Fort Rock Valley Historical Society

Are you a descendent of a Fort Rock area family? Yes _____ No _____ Which family? _____
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Mail to:

Fort Rock Valley Historical Society  
P O Box 84  
Fort Rock, OR 97735

<b>Office Use only:</b> Card _____ Membership _____ PastPerfect _____ Mailing _____
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*Thank You*