

Yes! Sign me up

Business Membership Level Selected:

- \$ _____ (Other Amount)
 \$1000 Museum Builder
 \$500 Village Builder
 \$250 Curator
 \$125 Village Friend

Name: _____

Company Name: _____

Company Website: _____

Address: _____

City: _____ State: _____

ZIP: _____ Phone: _____

Email: _____

Rcvd:

Card:

DB:

Business 01-09-15



MAIL TO: Chelan County Historical Society

Attn: Membership

PO Box 22

Cashmere, WA 98815

Payment Method:

Check enclosed made payable to "Cashmere Museum"

--OR--

Charge my: VISA MasterCard

Card Number (above)

_____/_____
Expiration MM/YY (above) 3-digit CVC (above)

Signature (above)

(*Cashmere Museum is a 501(c)3 non-profit organization)