



NEW MEMBER APPLICATION

Name(s) _____

Address _____

City, State, Zip _____

Phone _____ Alternate Phone _____

Email _____

(your email is only used for HCJ communications and is not shared outside of HCJ)

Please check appropriate box and fill in amounts you are remitting. **If you need a receipt, check here**

Regular Membership Dues Categories (dues can also be paid on line through our website)

- Individual \$20.00
- Family \$35.00 \$ _____
- Business \$75.00

Additional Donation to HCJ's General Fund (programs, renovations, general expenses) \$ _____

Thomas Lawson Price (TLP) Society (an additional level of giving)

- I want to join TLP Society – this is my first installment (minimum \$200) \$ _____

HCJ Foundation (donation towards larger HCJ preservation projects)

- Donation (goes towards larger HCJ preservation projects) \$ _____
- Please call me to discuss a possible bequest

Matching Funds (please provide additional documentation if required)

- My Employer _____ provides Matching Funds to non-profit organizations

Total Submitted \$ _____

I would like to receive the quarterly HCJ NEWSLETTER in the following format:

- by regular mail
- electronically by email

Please send this form and your Remittance to:

**Historic City of Jefferson
PO Box 105056 - Jefferson City, MO 65110
www.historiccityofjefferson.org**

All donations are tax deductible according to current laws as HCJ is a 501 C3 organization.

Looking Back...Moving Forward