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 online through our website)

☐ Individual $25.00
☐ Family $40.00
☐ Business $200.00

$___________

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)

$___________

Matching Funds (please provide additional documentation for the match)

☐ My Employer________________________ provides Matching Funds to non-profit organizations

Total Submitted $___________

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

☐ 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