



## 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)

- |                                     |          |          |
|-------------------------------------|----------|----------|
| <input type="checkbox"/> Individual | \$25.00  |          |
| <input type="checkbox"/> Family     | \$40.00  | \$ _____ |
| <input type="checkbox"/> 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**