

**Carlsbad Historical Society Membership application**

**P.O. Box 252, Carlsbad CA 92018-0252**  
**760-434-9189      cbadhistory@gmail.com**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Individual \$25.** \_\_\_\_\_      **Family \$35.** \_\_\_\_\_

**Student \$5.** \_\_\_\_\_      **Lifelong \$250.** \_\_\_\_\_

**Business \$50** \_\_\_\_\_

**Yes I would like to volunteer, call me regarding**\_\_\_ **Membership**

\_\_\_\_\_ **Display Committee**      \_\_\_\_\_ **Docent**      \_\_\_\_\_ **Tours**

\_\_\_\_\_ **Publicity**      \_\_\_\_\_ **Fund Raising**