

HERCULES HISTORICAL SOCIETY
P.O. Box 5461
Hercules, CA 94547-5461
Web site: herculeshistoricalsociety.org

APPLICATION FOR MEMBERSHIP

Applicant's name: _____ Phone #: _____

Applicant's street address: _____

Applicant's city, state, zip code: _____

Applicant's e-mail address: _____

Occupation: _____ City: _____

Special skills/interests: _____

Membership is open to everyone. Dues for membership are \$10.00 per person per year. Regular meetings are held on the second Wednesday of each month, year round. An agenda is transmitted via e-mail prior to the meeting. An annual meeting of the entire membership is held on the second Wednesday of October each year. My signature on this membership form provides that my proxy for the annual meeting be assigned to my sponsor or their designee. My attendance at the annual meeting nullifies the proxy assignment.

I accept membership in the HERCULES HISTORICAL SOCIETY and will abide by its Bylaws and Articles of Incorporation.

Applicant's signature: _____ Date: _____

For HHS use only: Sponsor's signature: _____ Date: _____ (to be signed by an existing active member) Dues paid for the period July 1, _____ through June 30, _____ Rec'd/Recorded on: _____
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