



## MEMBERSHIP APPLICATION

Please print this application, fill out the information then mail along with your check (payable to: Historical Society of Palm Desert) to: **Historical Society of Palm Desert**, P.O. Box 77, Palm Desert, CA 92261-0077 • Phone: 760.346.6588

### Yes, I want to become a member and/or give a Gift Membership

Please fill out mailing information below if you're becoming a member and/or just giving Gift Membership(s)

My Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ email \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Indicate below, Membership Level for yourself:  
*Giving a Gift Membership, indicate in gifting section below*

Individual \$30  Family \$35  Student \$15

Supporting \$50  Contributing \$100

Patron \$250  Bronze Lifetime \$1000

Silver Lifetime \$2500  Gold Lifetime \$5000

Business \$75

Please contact me about volunteering as a docent



### Yes, I want to give a Gift Membership(s)

#### Gift Recipient # 1

Please send gift membership to me (address shown above)  
 Please send to recipient (address shown below)

Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

#### Gift card to read:

Indicate Gift Membership level you want to give:

\$30 Individual  \$35 Family  \$50 Supporting  
 \$100 Contributing  \$250 Patron  \$1000 Bronze Lifetime  
 \$2500 Silver Lifetime  \$5000 Gold Lifetime  
 \$75 Business/Organization  \$15 Student

Please indicate **total** amount of your membership and/or gift membership Dues you are sending \$ \_\_\_\_\_

Make checks payable to: **Historical Society of Palm Desert**. P.O. Box 77, Palm Desert, CA 92261-0077 • Phone/Fax: 760.346.6588

Email: [archive.hspd@verizon.net](mailto:archive.hspd@verizon.net)

Website: [www.hspd.org](http://www.hspd.org)

#### Gift Recipient #2

Please send gift membership to me (address shown above)  
 Please send to recipient (address shown below)

Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

#### Gift card to read:

Indicate Gift Membership level you want to give:

\$30 Individual  \$35 Family  \$50 Supporting  
 \$100 Contributing  \$250 Patron  \$1000 Bronze Lifetime  
 \$2500 Silver Lifetime  \$5000 Gold Lifetime  
 \$75 Business/Organization  \$15 Student