## **Hillsboro Historical Society Membership Application**



Please mail this form, along with your annual dues payment, to:
Hillsboro Historical Society
c/o 337 NE Second Avenue
Hillsboro, OR 97124

Please make check payable to Hillsboro Historical Society.

1.	Please mark only of New (never been a Renewal (current r	n member)	Reinstatement (member Information Update (cur		
2.	Member name:		- 424466	Date:	
	Mark one:   A.	Individual	☐ <b>B.</b> Corporation/	Organization	
	If you marked "A," skip to #4. If you marked "B," proceed to #3.				
3.	Representative Any group membership, such as a corporation or other organization, requires a designated Representative. As each member is entitled to only one vote, the Representative shall be the only person authorized to cast a ballot on behalf of his/her group membership. Also, the Representative shall be the only person authorized to attend any meeting designated as "members only" as well as the only person eligible to hold any office (elected or otherwise) and/or serve on any committee.				
	Representative's name:				
1.	Contact Information Street Address:				
		City:	State:	ZIP:	
	Mailing Address:				
	(if different)	City:	State:	ZIP:	
	Evening Phone:		Daytime Phone:		
	Email:				
	A mark in this box indicates that you would like us to include your email address in Hillsboro Historical Society [HHS] electronic mailing list (powered by Yahoo! Gro This list is used to announce Society meetings and to disseminate other official information and notices. HHS respects your privacy. We do not sell email address will not knowingly provide them to any external and/or commercial entities.				
		A mark in this box indicates that you grant us permission to include this membership information (in whole or in part) in any current or future membership directories.			