

INVITATION TO MEMBERSHIP KERN COUNTY HISTORICAL SOCIETY

To the Membership Chairperson: Please enroll me/us as a member of the Kern County Historical Society.

Name(s): _____

Address: _____

City: _____

State: _____

Phone: _____

Email: _____

Enclosed is a check for \$_____ in payment for an Individual (\$25), Family (\$35), Organization (\$35), Business (\$55), or Life (\$250) Membership. Life Membership must be 50 years of age or older to be eligible.

Do not send newsletters via email.

Please Mail to: Kern County Historical Society PO Box 141 Bakersfield, CA 93302-014