

*Desire Membership? Complete & Mail*

**KINGSBURG HISTORICAL SOCIETY  
P.O. BOX 282  
KINGSBURG, CA 93631**

**MEMBERSHIP STATEMENT**

Individual ..... \$15.00  
Family or Business ..... \$25.00  
Life Membership ..... \$500.00  
Donation ..... \$ \_\_\_\_\_  
Total Amount ..... \$ \_\_\_\_\_  
Name ..... \_\_\_\_\_  
Address ..... \_\_\_\_\_  
City/State/Zip ..... \_\_\_\_\_  
E-Mail ..... \_\_\_\_\_