

LAKESIDE HISTORICAL SOCIETY
MEMBERSHIP

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Birthdate: _____

Wedding Date: _____

Spouse's Name & Birthday: _____

New Member(s) _____ Renewal _____

___ \$20 (INDIVIDUAL per year)

___ \$35 (FAMILY per year)

___ \$200 (INDIVIDUAL FOR LIFE)

___ \$50 (BUSINESS/ORGANIZATION per year)

___ \$500 (BUSINESS FOR LIFE)

Make your check payable to the Lakeside Historical Society

Mail to or Drop at:
Lakeside Historical Society
9906 Maine Avenue
Lakeside CA 92040

If you have any questions, call us at (619) 561-1886