

CHLORIDE HISTORICAL SOCIETY

P.O. Box 294, Chloride, Arizona 86431

chloridehistoricalsocietyaz@gmail.com

2022 MEMBERSHIP APPLICATION

Name (please print) _____

Mailing Address _____

Physical Address _____

City, State, ZIP: _____

Phone: _____

Email address: _____

Hobbies & interests: _____

Are you willing to volunteer
your time? Yes No

If yes, what would you be
willing to do? _____

How should we contact you?
(Please check one) U.S. Mail Email Phone

Signature: _____ Date: _____

Mail application to address above with payment, or give to any Board Member.

Fees received by: _____ Date: _____ Amount: _____

Cash / Check # _____



CHLORIDE HISTORICAL SOCIETY RECEIPT FOR MEMBER

Receipt for: _____ Fees received by: _____

Date: _____ Amount: _____ Check # _____ / Cash