

## Locke Foundation Membership Application/Renewal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_ Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

I would like to volunteer for the following activities:

Event planning \_\_\_\_\_ Publicity \_\_\_\_\_ Membership recruitment \_\_\_\_\_

Write articles \_\_\_\_\_ Grant writing \_\_\_\_\_ Historical restoration \_\_\_\_\_

**Membership Dues: circle one**

**\$25 Individual Annual/\$200 Lifetime    \$50 Family or Non-Profit Organization Annual/\$300 Lifetime  
\$100 Business Annual/\$500 Lifetime**

Make check payable to Locke Foundation. Please return this form with check to Locke Foundation  
P. O. Box 1085, Walnut Grove, CA 95690. Tax ID: 20-0364281.

Office use only:

Date application received \_\_\_\_\_ Membership Year \_\_\_\_\_ Renewal \_\_\_\_\_