

**Membership Application**  
**Ladysmith & District Historical Society**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Areas of Interest (check any you would like)

- |  |  |
|--|--|
| <input type="checkbox"/> Membership              | <input type="checkbox"/> Archiving                 |
| <input type="checkbox"/> Audio Tape Transcribing | <input type="checkbox"/> Photography               |
| <input type="checkbox"/> Committee Member        | <input type="checkbox"/> Video-taping              |
| <input type="checkbox"/> Data Processing         | <input type="checkbox"/> Research                  |
| <input type="checkbox"/> Fund Raising            | <input type="checkbox"/> Special Projects & Events |
| <input type="checkbox"/> Promotion/Publicity     | <input type="checkbox"/> Public Speaking           |
| <input type="checkbox"/> Interviewing            | <input type="checkbox"/> Tour Guide                |
| <input type="checkbox"/> _____                   | <input type="checkbox"/> _____                     |

Individual Member \$15  Family \$20  Corporate \$30

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print this form and bring it to the office, or mail it along with a check to

**Unit B, 1115 First Avenue, PO Box 813, Ladysmith BC V9G 1A6**  
**Telephone/FAX (250) 245-0100**