

Membership Form

A membership year runs from November 1 to October 31.

There is no partial credit for members who join or renew during the middle of the membership year.

Name _____

Mailing Address (include city, state, zip) _____

Phone _____

E-mail address _____

I would like to be added to the HSSC member email list (Circle one, no response defaults to yes) YES or NO

I would like to receive the HSSC newsletter by email (Circle one, no response defaults to yes) YES or NO

| Membership Category (Circle one) | Fee | Benefits |
|---|------------|---|
| President's Circle | \$1000 | <i>Southern California Quarterly</i> print subscription and online access to back issues, two newsletters, invitations to HSSC member-only events, HSSC Event and Publication Discounts, member email list (optional) |
| Sustaining | \$500 | Same as above |
| Supporting | \$300 | Same as above |
| Contributing | \$150 | Same as above |
| Scholar | \$125 | Same as above (This is the minimum level to receive the print SCQ) |
| Friend | \$75 | Two newsletters, Invitations to HSSC member-only events, HSSC Event and Publication Discounts, member email list (optional) No print or online SCQ at this level. |
| Associate | \$50 | Same as above. No print or online SCQ at this level. |
| Regular | \$30 | Same as above. No print or online SCQ at this level. |
| Student (full-time with ID) | \$10 | Same as above. No print or online SCQ at this level. |
| Dual Add-on | \$20 | Benefits apply to two members of one household |

If Dual Add-on Selected and \$20 is added to membership:

Name of Second Member _____

Email of Second Member _____

Membership Form

Please consider adding a donation to support the activities of the HSSC. Any amount is welcome.

| Donations | Category | Amount |
|---|---|-------------|
| Your donation will be applied to the category you select. | 1) <i>Southern California Quarterly</i> Endowment | 1) \$ _____ |
| | 2) General Fund | 2) \$ _____ |
| | 3) Other: _____ | 3) \$ _____ |

| Payment Categories | Payment Amount |
|------------------------|----------------|
| Membership | \$ _____ |
| Dual Membership Add-On | \$ _____ |
| Donations | \$ _____ |
| Total | \$ _____ |

Please send form and payment to:
 Membership
 Historical Society of Southern California
 PO Box 50019
 Long Beach, CA 90815

You may pay either by check or by credit card with this form or using PayPal through thehssc.org.
 Make checks payable to Historical Society of Southern California.

(Circle one) Visa or MasterCard or Other _____

Credit Card Number _____

Expiration Date (MM/YY) _____

Three Digit Security Code _____

Billing Zip/Postal Code for the credit card _____

Card Holder Signature _____