



APPLICATION FOR MEMBERSHIP

FRIENDS OF THE HISTORIC KINGSBURG DEPOT, INC.

www.kingsburgdepot.org

P.O. Box 646

Kingsburg, CA 93631-0646

LAST NAME _____ FIRST NAME _____

ADDRESS _____

STATE _____ ZIP _____

PHONE _____ E-MAIL _____

If accepted into membership, I agree to conform to the bylaws of the Friends of the Historic Kingsburg Depot.

DATE _____ SIGNATURE _____

Annual dues \$25 payable January 1. Checks payable to:

Friends of the Historic Kingsburg Depot

Please enclose dues with this application and mail to:

FHKD, PO Box 646, Kingsburg, CA 93631-0646

I am also enclosing a donation of \$_____ for restoration of the Depot

I have _____ photos, _____ documents, and/or _____ other materials I would like to donate or allow to be duplicated (check all that apply)