Black Heritage Society of Washington State, Inc.
P.O. Box 22961 Seattle, WA  98122
www.bhswa.org

Name:  
Telephone Number:  
Address:  
E-mail Address:  
City:  
State:  
Zip:  

<table>
<thead>
<tr>
<th>Annual Membership:</th>
<th>☐ Renewal</th>
<th>☐ New Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Youth</td>
<td>$ 10.00 <em>(under 18 years)</em></td>
<td>☐ Individual</td>
</tr>
<tr>
<td>☐ Supporting</td>
<td>$ 50.00</td>
<td>☐ Sustaining</td>
</tr>
<tr>
<td>☐ Organization</td>
<td>$ 200.00</td>
<td>☐ Life</td>
</tr>
</tbody>
</table>

☐ Please accept my additional tax-deductible 501(c) (3) donation – I have enclosed: $__________________________

*BHS is a registered 501(c) (3) nonprofit organization.

☐ How would you prefer to be contacted: ☐ E-mail ☐ Telephone ☐ US mail

☐ I would like to volunteer

☐ Audit  ☐ Exhibits  ☐ Program Planning/Development
☐ Budget  ☐ Membership  ☐ Special Projects
☐ Collections  ☐ Nominating  ☐ Website/Social Media
☐ Courtesy  ☐ Oral History  ☐ Vertical Files (formerly News Clipping)
☐ Education  ☐ Newsletter/Outreach

Office Use Only: Date Received: __________________________

Payment Method: Check #: __________ Money Order/Cashier’s Check #: __________________________