

## Eastside Heritage Center MEMBERSHIP APPLICATION

**MEMBERSHIP LEVEL:**

- |  |        |   |       |
|--|--------|---|-------|
| <input type="checkbox"/> <b>Benefactor</b>   | \$1000 | <input type="checkbox"/> <b>Contributor</b> | \$100 |
| <input type="checkbox"/> <b>Steward</b>      | \$500  | <input type="checkbox"/> <b>Family</b>      | \$40  |
| <input type="checkbox"/> <b>Supporter</b>    | \$250  | <input type="checkbox"/> <b>Individual</b>  | \$25  |
| <input type="checkbox"/> <b>Organization</b> | \$100  | <input type="checkbox"/> <b>Student</b>     | \$15  |

*Enroll me as:*  New Member  Membership Renewal  Gift

MEMBER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

*This membership is a gift from:*

\_\_\_\_\_

**PAYMENT INFORMATION:**

- Check (make checks payable to the Eastside Heritage Center)  
 Credit Card  
 Visa  Master Card  American Express

NAME ON CARD \_\_\_\_\_

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_

V-CODE (last 3 digits on back of Visa/MC) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Additional Contribution: \_\_\_\_\_ **Total Enclosed:** \_\_\_\_\_

My company will MATCH my gift

Company Name: \_\_\_\_\_

*The Eastside Heritage Center is a 501 (c)(3) charitable organization.*

**PLEASE MAIL THIS FORM AND PAYMENT TO:**

Eastside Heritage Center  
P.O. Box 40535  
Bellevue, WA 98015

Phone: 425-450-1049  
Fax: 425-450-1050

[www.EastsideHeritageCenter.org](http://www.EastsideHeritageCenter.org)