

# Yes! I/we would like to buy/renew a San Francisco Historical Society Membership

**New Membership**    **Renewal**

The following levels provide basic membership benefits:

- History Enthusiast** (\$80)    **Dual History Enthusiast** (\$110)  
 **Community Access** (\$60)    **Dual Community Access** (\$100)

Community Access memberships are for  Seniors 62+    K-12 Teachers    Students    Disabled

The following levels provide enhanced membership benefits (Individual or Dual\*):

- Bronze Circle** (\$150) Please select a thank-you gift:  
 *Walking San Francisco on the Barbary Coast Trail*    *Frisco: A Novel*  
 *California Style: The Joe Koret Story*    No gift

- Silver Circle** (\$500)    **Gold Circle** (\$1,500)

Please select a thank-you gift:

- North Beach: The Italian Heart of San Francisco*    *Frisco: A Novel*  
 *When the Water Came Up to Montgomery Street*    *Walking San Francisco on the Barbary Coast Trail*  
 *The San Francisco Century*    *The San Francisco Civic Center*  
 *Nothing Seemed Impossible*    *California Style: The Joe Koret Story*  
 *Mystical San Francisco*    No gift

\* Dual memberships are available only to members who reside at the same address. All benefits are subject to change.

- Please send renewal notices and acknowledgments by email.  
 Please sign me/us up for periodic eNews email announcements about events.  
 Please **do not** send *The Argonaut* by postal mail.    Please **do not** send *Panorama* by postal mail.  
 Please contact me/us about volunteering.

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

Additional Name (if applicable): \_\_\_\_\_

Company Name (if part of mailing address): \_\_\_\_\_

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

City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

email: \_\_\_\_\_

- Enclosed is my/our check for \$ \_\_\_\_\_ (Payable to SFHS)  
 Please charge \$ \_\_\_\_\_ to my/our credit card (Visa, MasterCard, Discover, or American Express)

Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature authorizing charge \_\_\_\_\_

* SFHS Use Only *	
Ref	_____
Amt	_____
Dep	_____
Bl	_____

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