

**PLEASE PRINT**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



Please choose a membership level.

	\$50
	\$75
	\$100
	\$150
	\$200
	Other

Mail to: Carmel Valley Historical Society  
P.O. Box 1612, Carmel Valley, CA 93924

My check payable to CVHS is enclosed.

Please charge my:

VISA / Master Card / Discover

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Additional Donation

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TOTAL

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