

SACHF MEMBERSHIP APPLICATION

- New Membership Renewal

(PLEASE USE BLOCK LETTERS TO COMPLETE INFORMATION)

Name/Organization: _____

Address _____

State: ____ Zip: _____

Phone: _____ Email: _____

I would like to receive my newsletter by email.

Areas of interest: _____

- Danish Finnish Icelandic Norwegian Swedish Sami
 Please contact me about volunteering with the Foundation!

For office use only: Date: Check # Amount \$

Computer: Mailed Acknowledgement

Scandinavian American Cultural and Historical Foundation

Scandinavian Center at CLU

26 Faculty Road

Thousand Oaks, CA 91360

(scandinaviancenter.org)

Please check one of the following membership categories:

- \$ 20 Student
 \$ 40 Individual
 \$ 60 Household
 \$ 75 Sponsor (Organization)
 \$ 500 Patron
 \$1000 Life Member
\$ _____ Membership Payment
\$ _____ Additional Contribution
\$ _____ **Total Payment**

Make checks payable to:

Scandinavian American Cultural and Historical Foundation

****Mailing Address: PLEASE MAIL TO ADDRESS BELOW.****

Scandinavian American Cultural and Historical Foundation

Scandinavian Center at CLU, 60 West Olsen Road #2600

Thousand Oaks, CA 91360