

Membership Application

101 W. Tehachapi Blvd., Tehachapi, CA 93561 · president@tehachapidepot.com

I / we would like to join the FOTD. Please complete the form, then email it to vicepresident@tehachapidepot.com or mail it to the address above.

CONTACT INFORMATION

NAME	DATE
<input type="text"/>	<input type="text"/>

ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PHONE	CELL PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBERSHIP CATEGORY

All memberships renew in January. Early rates through June 30; late rates July 1 onward.

Individual

\$20 / year · \$10 after June 30

Family

\$35 / year · \$20 after June 30 (adult + children under 18)

FAMILY MEMBER NAME (IF FAMILY MEMBERSHIP)

I / WE WOULD LIKE TO SERVE

Check any roles that interest you.

Museum Docent

Gift Shop Cashier

Train / Coordinate Docents

Assist Event Coordinator

Newsletter Staff

Education / Speaker

Catalogue Artifacts

Graphic Arts / Signs / Promotional Items

COMMENTS

RETURN YOUR COMPLETED APPLICATION

Email: vicepresident@tehachapidepot.com