

## *Friends of the Adobes Membership Application*

Annual membership period is January 1 to December 31.  
(Memberships starting after June 30 will expire at the end of the following year.)

*Friends of the Adobes, Inc., is a 501(c)(3) non-profit organization incorporated in 1968 for the purpose of bringing together persons interested in history, especially the history of northern San Luis Obispo County and southern Monterey County. The organization's major function is to promote the restoration and maintenance of adobes and other landmarks of historical significance in these areas.*

Date (include year): \_\_\_\_\_

Title (Mr/Mrs/Ms/Miss): \_\_\_\_\_ Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<input checked="" type="checkbox"/>	Membership level	Amount	Our thank you for your support
<input type="checkbox"/>	Contributor	\$10 to \$19	Quarterly newsletter received by <b>EMAIL ONLY</b>
<input type="checkbox"/>	Supporter	\$20 to \$39	Quarterly newsletter received by <b>email or mail</b> (your choice)
<input type="checkbox"/>	Sponsor	\$40 and over	Quarterly newsletter received by <b>email or mail</b> (your choice), <b>plus recognition</b> as Sponsor, Patron, or Benefactor in an issue of the newsletter. (BENEFACTORS' names are also added to our perpetual plaque in the Rios-Caledonia Adobe.)
<input type="checkbox"/>	Patron (LIFETIME)	\$150 and over	
<input type="checkbox"/>	Benefactor (LIFETIME)	\$500 and over	

I am enclosing \$\_\_\_\_\_ for the membership level I've check-marked above.

My membership is (select one):  New     Renewal     Gift for: \_\_\_\_\_

If gift, mailing address of recipient: \_\_\_\_\_

I wish to receive the newsletter by EMAIL and have provided my email above (*CHECK this box!*):

I heard about Friends of the Adobe through: \_\_\_\_\_

*Please make checks payable to the Friends of the Adobes, Inc.  
If mailing, send to PO Box 326, San Miguel, CA 93451  
Remember that donations are tax-deductible (Tax ID# 23-7115677).  
For additional information, call (805) 467-3357.*

**OFFICE USE ONLY:**

Date Received	Cash/Check#	Amount
Member Exp Year	Database Entry	TY Note