

# Jackson County Heritage Association

## Membership Application

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ . City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ . Email \_\_\_\_\_

Website \_\_\_\_\_

Is your organization a 501(c)3?    Yes.    No

What is the mission of your organization

Why do you want to join JCHA?

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Phone number \_\_\_\_\_ Signature \_\_\_\_\_

**Thank you for your application - it is subject to the approval of the JCHA board of directors.**

Send Application and Fee to: **JCHA P.O. Box 128, Rogue River, OR 97537**

\_\_\_ **Approved.** \_\_\_ Full Member \_\_\_ Associate member \_\_\_ **Declined**

Association Officer \_\_\_\_\_ Title \_\_\_\_\_