



**PARKSVILLE & DISTRICT HISTORICAL SOCIETY (PDHS)
MEMBERSHIP APPLICATION**

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

INDIVIDUAL MEMBERSHIP: \$20 PER YEAR ____ YEAR(s) X \$20 = \$ ____
TOTAL \$ ____

Would you like to receive the PDHS Newsletter? () Yes () No

Volunteer opportunities at PDHS

Please check the boxes that are of interest to you

- | | |
|--|--|
| <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Archiving |
| <input type="checkbox"/> Social Media, Website and IT | <input type="checkbox"/> Historical Research |
| <input type="checkbox"/> Handyman – grounds maintenance | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Special Events & Programs | <input type="checkbox"/> School Programs |
| <input type="checkbox"/> Welcome desk, greeting visitors | <input type="checkbox"/> Tour Guide |

Please print this form and along with your check, mail or bring to the office at:

1245 East Island Highway, Parksville, BC. V9P 2E5
250-248-6966

secretary@parksvillemuseum.com