



Historic Columbus
F O U N D A T I O N
PO BOX 5312 • COLUMBUS, GEORGIA 31906

Membership Application

Dr. / Mr. / Mrs. / Ms. / Miss (please circle)

Name: _____

Address: _____

City State Zip _____

Phone _____ Email _____

- Yes, I would like to participate in Young preservationists (age 40 and under) events!
 Yes, I would like to be a volunteer! Opportunities include: Heritage Tour Docent, Office Assistant, and Special Events.
 I have enclosed a check payable to: **Historic Columbus Foundation**
 Please charge my membership fee to the following

Visa Mastercard

Card Number _____ Expiration Date _____

Cardholder Signature _____

- This is a gift of Membership. Please sign the gift encloure as follows

Personal Memberships

Student \$25
Individual \$40
Family \$60
Friend \$125
Patron \$250
Landmark \$400
Sponsor \$600
Benefactor \$1,000
Heritage \$2,500

Business Memberships

Business \$100
Corporate \$500
Corporate Benefactor \$1,000
Corporate Heritage \$2,500