



MEMBERSHIP FORM

Name: _____

Organization: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Membership Categories

- _____ \$30 Individual
- _____ \$50 Household
- _____ \$100 Professional
- _____ \$250 Texian Circle
- _____ \$500 Regional Heritage Council
- _____ \$1,000 Statewide Heritage Council
- _____ \$2,500 Leadership Council

Organizational Membership Categories

- _____ \$100 Nonprofit/Local Government
- _____ \$250 Small Business

_____ Double my contribution. *I've enclosed my employer's matching gift form.*

_____ In addition to my dues, a contribution of \$_____ is enclosed.

*Membership dues may be paid through our website PreservationTexas.org or by check.
Please make all checks payable to Preservation Texas and mail with this form to:*

PRESERVATION TEXAS

**P.O. Box 12832
Austin, TX 78711**