

2024 Membership and Volunteer Form

Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Telephone _____

\$ _____ Single (\$15) \$ _____ Family (\$30) \$ _____ Business (\$100)

\$ _____ Additional Donation (SVHS is a 501(c)(3) so your donation is tax deductible)

\$ _____ Total donation

Payment methods:

By Check:

Please return this form and your check payable to SVHS to PO Box 143, Skull Valley, AZ 86338

By Zelle:

Submit your payment to Katherine Wood at 619-919-5863. Please put "SVHS Membership" and your name in the note field and return this form to 619-919-5863 or info@skullvalley.net.

We Need Volunteers - Please let us know if you can help with the following:

Host the museum on a Sunday afternoon during summer _____

Help with set-up or tear-down at events _____

Work a booth at an event _____

