



**CHURCHILL COUNTY MUSEUM ASSOCIATION
BOARD OF TRUSTEES
MEMBERSHIP INTEREST FORM**

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

NUMBER OF YEARS RESIDED IN CHURCHILL COUNTY _____

YES I AM ___ **I AM NOT** ___ **CURRENTLY A MEMBER OF THE CHURCHILL COUNTY MUSEUM.**

**EXPLAIN IN A FEW WORDS WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE
CHURCHILL COUNTY MUSEUM ASSOCIATION:**

I CERTIFY THAT I AM NOT PRESENTLY HOLDING ANY OTHER PUBLIC OFFICE.

SIGNATURE

DATE