

**Historic Highway 99 Association of California
Membership Application**

Tax deductible checks should be made payable to:

Historic Highway 99 Association of California

P.O. Box 178065

San Diego, CA 92177

DATE: _____

NAME(S): _____

Please print

MAILING ADDRESS: _____

PHONE: (_____) _____

EMAIL _____

Please indicate (X):

_____ Please indicate if this is a **NEW** membership.

_____ Annual Membership (\$20)

_____ Annual Family Membership (\$30)

_____ Annual Business Membership (\$40)

_____ Annual Organization Membership (\$30)

_____ Donation of \$ _____

Please return this form with your payment.

Thank You!