



CALIFORNIA MISSIONS FOUNDATION MEMBERSHIP & CONFERENCE REGISTRATION

Registration Information

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone: _____

Email: _____

Payment Options

CHECK

Payment by check, please make checks payable to "California Missions Foundation".

ONLINE

Electronic payments can be made at
<http://store.californiamissionsfoundation.org>

CREDIT CARD PAYMENT (Visa/Mastercard)

Name on card: _____

Credit Card #: _____

Expiration date: _____ CVC #: _____

Total Amount to be charged \$ _____

Signature: _____

Board Nominations

I WOULD LIKE TO NOMINATE AS A FUTURE CMF BOARD MEMBER:

Questions, please contact us:

info@californiamissionsfoundation.org
805-963-1633

CMF 2024 Membership Registration

- \$29 Student** (Must be 25 years of age or under)
Please include a copy of your student ID
- \$79 Regular**
Includes a printed copy of *Boletín*
- \$250 Supporters Circle**
 - Includes a printed copy of *Boletín*
 - Mentions at CMF events and printed publications
- \$500 Executive Club**
2 Supporters Circle Memberships and Benefits
- \$1000 Patron**
Everything Supporters Circle receives, plus support CMF's Preservation and Education efforts
- \$2500 Chairman's Club**
Everything a Patron receives, plus support CMF's Preservation and Education efforts

CMF 2024 Conference Registration

CONFERENCE REGISTRATION FEES

Qty: ___ Members	\$ 75.00	Total: _____
Qty: ___ Non-Members	\$ 100.00	Total: _____
Qty: ___ Students and Docents	\$ 35.00	Total: _____
Qty: ___ Awards Banquet	\$ 100.00	Total: _____

GRAND TOTAL: \$ _____

Please return this form by mail to:

California Missions Foundation
P.O. Box 23035
Santa Barbara, CA 93121