



# New Member Form

California Council for  
the Promotion of History

*Bridging  
the Past,  
Present,  
and  
Future*

CSU Sacramento  
Department of History  
6000 J Street  
Sacramento CA 95819-6059  
(916) 273-0317  
ccph@csus.edu  
www.csus.edu/org/ccph

Use this form to join  
CCPH. Mail the  
completed form to the  
address above with  
your payment.  
Depending on the  
timing of when we  
receive this form, we  
will make every  
attempt to include you  
in the current version  
of the Membership  
Directory. Use the  
check box below to  
have your mailing  
address excluded  
from the directory -  
other contact  
information will be  
included.

**Thank you for  
your support  
of CCPH**

## Contact Information

Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

This is my:  home address  affiliation address

## Membership Category

Patron - \$105  Individual - \$40  Corporate - \$105  Student - \$20  
 Colleague - \$80  Institutional - \$50  Senior - \$25

## Fields of Historical Interest and Activity (please check up to three items)

CRM/Historical  Archives/Records Management  Interpretation/Living History  
 CRM/Archaeological  Museums/History Agency Mngmnt  Public History Education  
 Oral History  Volunteer/Volunteer Mngmnt  Academic-based History  
 Community/Local History  Agency/Corporate History  Independent Scholar  
 Curation/Conservation  Other: \_\_\_\_\_  Editing and Publishing

## Area(s) of Employment (please check no more than two items; student members, please indicate institutional affiliation.)

Federal Government  Other Private Business/Firm  University of California  
 State Government  Elementary/Secondary Education  California State University  
 Local Government  Historical/Archaeological Consulting  Community College  
 Historical Society/Fdn  Other Consulting  Other College/University  
 Other Non-Profit  Other: \_\_\_\_\_  Self-Employed

## Pay by Check (Payable to CCPH) or Credit Card

Enclosed is a check for my membership in the amount of \$ \_\_\_\_\_.  
 Please charge my membership in the amount of \$ \_\_\_\_\_ to my credit card.  
 Mastercard  Visa

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I do not wish to have my address listed in the CCPH Member Directory.