Sacramento Pioneer Association

PO BOX 292398 Sacramento, CA 95829



(916) 447-7411 www.sacramentopioneer.org

sacramentopioneerassociation@gmail.com

Membership Application

Name: (Please type or print)	Date of Birth:		
Spouse's Name:			
Address			
City:			
	Home Phone:		
Email Address:			
	Work Phone:		
Education:			
Organizations and Offices Held:			
Date of your arrival in California:			
First Residence:			
Relatives who were early residents of S			
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Do you have any relatives who were or are members of the Sacramento Pioneer			
Association? Yes:	No:	(If yes, please list names and the	
relationship to you)			
Why do you desire to	become a m	nember of the Sacramento Pioneer Association?	
Particular area of Sacr	ramento hist	tory that interests you:	
		00. After payment of this fee, you have life membership are due and expected each October.	
	Signature	Date	
Nominated By:			
Please feel share any ohistory.	other pertine	ent information you may have regarding your family	