

City of Oroville Museum Passport Application

Please mail application & check to:

City of Oroville  
1735 Montgomery Street  
Oroville, CA 95965

NAME:

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ADDRESS:

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EMAIL ADDRESS & TELEPHONE #

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CARDHOLDER NAME(S)

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WOULD YOU LIKE TO BE  
NOTIFIED ABOUT SPECIAL MUSEUM DISPLAYS OR EVENTS?

\_\_\_\_ YES \_\_\_\_ NO

WOULD YOU LIKE TO RECEIVE THE CITY QUARTERLY  
ELECTRONIC NEWSLETTER

\_\_\_\_ YES \_\_\_\_ NO

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(FOR CITY USE) DATE ISSUED \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_ PAID BY: CASH \_\_\_\_ CHECK \_\_\_\_