



Membership Application

Personal Information

Name: _____

Address/P.O. Box: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

Membership Level

Individual (\$20) Family (\$35) Silver (\$100) Gold (\$250) Inner Circle (\$500)

Donation (optional)

I would like to include a donation with my membership dues.

\$10 \$25 \$50 \$100 Other: _____

Total Amount Enclosed: _____

(The museum is not responsible for any lost and/or stolen payments)

With my signature, I confirm my understanding that the membership for which I am applying lasts a term of one year, beginning on the first day that payment is confirmed and ending on the same day of the subsequent year. Furthermore, I understand that the membership for which I am applying is voluntary, and I understand that any payment submitted for admittance to said membership is non-refundable.

Applicant Signature

Date