Membership Form

Please download the form, fill it out, and either mail it in or drop it by the Museum.

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Payment Type ☐ Check ☐ Mastercard ☐ Visa ☐ Discover

Credit Card # _____ exp date _____

Signature _____

Please check the membership level you wish to join at.

☐ Individual	$20.00
☐ Family	$30.00
☐ Sustaining	$50.00
☐ Patron	$100.00
☐ Benefactor	$300.00
☐ Philanthropist	$500.00
☐ Group or Club	$50.00

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