

Application for Membership

MAILING INFORMATION

Please provide your name as you wish it to appear on your membership card and in museum publications.

If this membership is a gift, please use the recipient's mailing information to complete this section of the form.

Mr. Ms. Mrs. Mr. and Mrs. Other _____
Name _____
Spouse Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Email _____ Mobile Phone _____
Employer (Name and Address) _____
Date of Birth: Month _____ Day _____ Year _____

GIFT MEMBERSHIP

THIS MEMBERSHIP IS A GIFT MAIL TO: RECIPIENT GIFT GIVER

GIFT GIVER INFORMATION

If this membership is a gift, please complete this section of the form.

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Email _____
Message to appear on Gift Card _____

MEMBERSHIP LEVEL

Associate \$65 Sustainer \$250 International Affiliate \$60
 Friend \$100 Patron \$500 National Affiliate \$40

I am eligible for a 20 percent discount as a(n):

Educator Senior Student

(Good for any membership level; please apply discount to your payment.)

PAYMENT

Thank you for your support!

AMOUNT PAID \$ _____ Cash Check MasterCard Visa American Express

Name as it appears on card _____

Card Number _____ Expiration Date _____

Signature _____

I wish my gift to be completely tax deductible and would like to waive my membership benefits.

OFFICE USE ONLY

White: Membership
Yellow: Accounting
Pink: Member

Date _____ Staff _____ Const. ID _____

New Renew Rejoin Upgrade

Source ID (Information Desk) MO (Mail Order) MS (Store) PO (Phone Order) SE (Special Event)

Notes _____