

**Membership Application Form**

Your contribution helps to support the museum and gives you the following benefits:

* 10% gift shop discount
* quarterly Cabin Chat newsletter
* invitation to museum events

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Name | | | | |
| **Address** | Address | | | | |
| **City** | City | **State** | ST | **Zip** | Zip |
| **Phone** | Phone | **Email** | Phone | | |

Find my tax deductible Annual Membership enclosed in the amount of:

Corporate $250

Founder $100

Family $50

Individual $35

Senior/Student $20

I would also like to contribute to the museum’s Endowment Fund in the amount of:

$ Click here to enter text.

I am interested in learning about volunteer opportunities.

|  |  |  |
| --- | --- | --- |
| **Payment Options** | **Amount Enclosed** $ enter text | |
| Select your card brand. | CASH | CHECK |
| CREDIT CARD # Click here to enter text | CVV CODE CVV | EXP DATE Date |