

**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 |