



MEMBERSHIP APPLICATION FORM

Member name(s) as it should appear in our records:

(Please include your preferred title(s) - Mr., Miss, Ms., Mrs., Mr. & Mrs., Dr., etc.):

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone number: _____ **Email:** _____

Membership Category

- Individual Membership \$50
- Household Membership \$60
- Steward Membership \$150
- Circle of Friends \$300
- Additional Donation \$_____

For those aged 65 and older, a \$5 discount applies.

OFFICE USE ONLY:

Payment: Cash Check# _____ Credit (Visa/Mastercard)

Membership Amount \$_____

Admission \$_____

Senior Discount \$_____

Additional Donation \$_____

Total \$_____

Staff Person _____ **Date** _____