

## Membership Application

*I wish to enroll as:*

- Senior/Student \$ 30     Individual \$ 40     Dual \$ 50     Family \$ 60  
 Contributor \$100     Associate \$250     Benefactor \$500

*Type of Membership (circle one):*    New    Renewal    Gift

**Name**

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**Address**

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**City/State/Zip**

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**Home Phone**

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**Business Phone**

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**E-mail**

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*Gift Membership Information:*

*For a gift membership, please indicate the recipient's name and address in the form below.*

**Name**

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**Address**

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**City/State/Zip**

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**Home Phone**

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**Business Phone**

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**E-mail**

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*Mail card to recipient with the following message:*

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*Billing Information:*

Enclosed is my check payable to **National Heritage Museum**.

Please charge my credit card.

American Express

Discover

Master Card

Visa

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

*Mail To: National Heritage Museum, Membership  
33 Marrett Road, Lexington, MA 02421*