



SHELburne MUSEUM

MEMBERSHIP RENEWAL FORM

HOUSEHOLD INFORMATION (PLEASE UPDATE IF NECESSARY)

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____

EMAIL: _____

NUMBER OF CHILDREN/GRANDCHILDREN (AGES 17 AND UNDER): _____

MEMBERSHIP TYPE

- | | |
|---|---|
| <input type="checkbox"/> INDIVIDUAL \$60 | <input type="checkbox"/> BARNSTORMERS \$300+ (\$175 INDIVIDUAL) |
| <input type="checkbox"/> DUAL \$85 | <input type="checkbox"/> PATRON \$500 |
| <input type="checkbox"/> FAMILY \$125 | <input type="checkbox"/> BENEFACTOR \$1,000 |
| <input type="checkbox"/> SUSTAINING \$250 | <input type="checkbox"/> DIRECTOR'S CIRCLE \$2,500+ |

PLUS ONE

- FOR AN ADDITIONAL \$50 ADD A "PLUS ONE" TO ANY MEMBERSHIP (SEE ENCLOSED BROCHURE FOR DETAILS)
- I WOULD LIKE TO JOIN THE BARNSTORMERS (\$300 AND ABOVE)

- I HAVE ENCLOSED AN ADDITIONAL ANNUAL FUND GIFT OF \$_____ TO SUPPORT SHELburne MUSEUM'S EDUCATIONAL MISSION.

PAYMENT

- CHECK PAYABLE TO SHELburne MUSEUM IS ENCLOSED
- CHARGE \$_____ TO VISA/ MASTERCARD / AMEX/ DISCOVER

CREDIT CARD NO.

EXPIRATION DATE

SIGNATURE

SECURITY CODE

**THANK YOU
FOR YOUR
SUPPORT!**