



SHELburne MUSEUM

Membership Form

New Membership

Renew

Household Information (please update if necessary)

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

Email: _____

Number of Children/Grandchildren (Ages 17 and Under): _____

Select a Membership



<input type="checkbox"/>	Individual	\$ 60
<input type="checkbox"/>	Dual	\$ 85
<input type="checkbox"/>	Family	\$125

<input type="checkbox"/>	Sustaining	\$ 250
<input type="checkbox"/>	Patron	\$ 500
<input type="checkbox"/>	Benefactor	\$1,000

<input type="checkbox"/>	Dual Barnstormers	\$ 300
<input type="checkbox"/>	Patron Barnstormers	\$ 500
<input type="checkbox"/>	Benefactor Barnstormers	\$1,000

Add-ons

For an additional \$50 add a **“Plus One”** to my Membership so I can bring an extra adult or child on any visit. (See brochure for details.)

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

**THANK YOU
FOR YOUR
SUPPORT!**

Credit Card Number

Expiration Date

Signature

Security Code