

MEMBERSHIP FORM

MEMBERSHIP TYPE:

NEW

Renewal

Gift (from: _____)

FIRST CARDHOLDER *(individual/senior)* _____

PHONE: _____ **EMAIL:** _____

MAILING ADDRESS: _____

SECOND CARDHOLDER *(couple/family)* _____

PHONE: _____ **EMAIL:** _____

MAILING ADDRESS: _____

CHILDREN'S NAMES: *(family)* _____

MEMBERSHIP LEVELS AND FEES: *(check one)*

	<i>One Year</i>	<i>Two Years</i>
Individual Adult	\$28	\$50
Senior*	\$23	\$40
Couple	\$50	\$90
Senior Couple*	\$42	\$80
Family**	\$70	\$125

*Senior 60+ **Family - 2 adults & up to 3 children under 18

I give Touchstones Nelson Museum permission to send me/us program and exhibition information via email.

Please consider a donation to Touchstones Nelson Museum to help us continue programs in the community.

I am enclosing a donation in the amount of \$ _____

I would like my donation to support a specific program/area. _____

PAYMENT INFORMATION:

Visa

MC

Debit

Cheque (payable to Touchstones Nelson)

Card Number: _____ *Exp:* _____

OFFICE USE: *Admissions and Processing Date:* _____ *Total Received: \$* _____

Sticker: Y N *Discount Passes Given:* Y N *Initials* _____

Date Entered: _____ *Issued:* _____ *Initials* _____

Notes: _____