



MEMBERSHIP FORM

Contact Information

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____

Phone: _____

Membership Level

- | | |
|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Friend - \$20 | <input type="checkbox"/> Pioneer - \$500 |
| <input type="checkbox"/> Supporter - \$50 | <input type="checkbox"/> Patron - \$1,000 |
| <input type="checkbox"/> Benefactor - \$100 | <input type="checkbox"/> Gold Pioneer - \$2,500 |
| <input type="checkbox"/> Sustainer - \$250 | |

Payment Information

- Check or Cash enclosed (Make checks payable to the Friends of the Museum)
 Charge to my: Visa MasterCard Discover Amex

Card #: _____ Exp. Date: _____

Name on Card: _____ V-Code: _____

Billing Address: _____

City: _____ ST: _____ Zip: _____

Signature: _____

All payment information will be used for processing payments only and then discarded for your security.

Mail form to:

LAKE WALES HISTORY MUSEUM

Attn: Membership

325 S Scenic Highway

Lake Wales, FL 33853

Thank you for your support!