



Membership Application

Date: _____ New
_____ Renewal

SINGLE / INDIVIDUAL MEMBERSHIP

\$40 per year

- _____ Senior - 60 & over
- _____ Student - 18 & Over
- _____ Active Military - 18 & Over
- _____ Educator - 18 & Over

\$60 per year

_____ Individual - 18 and over

Mr. _____ Ms. _____ Mrs. _____ Other _____

First Name _____

Last Name _____

Address: _____

City, ST, Zip _____

Home Phone: _____

Business Phone: _____

E Mail: _____

Note: Shaded Fields are required. Please help us to process your membership promptly. Any missing information may delay processing.

Welcome to the Heard!

FAMILY AND ABOVE MEMBERSHIP

- _____ Family - \$80 (per year)
- _____ Road Runner - \$150 (per year)
- _____ Bobcat - \$500 (per year)
- _____ Red Tailed Hawk (HPS) - \$1,500 (5 years)
- _____ Golden Eagle - \$2,500 (Lifetime)

Primary Name

Mr. _____ Ms. _____ Mrs. _____ Other _____

First Name _____

Last Name _____

Spouse/Other

Mr. _____ Ms. _____ Mrs. _____ Other _____

First Name _____

Last Name _____

Children's Birthday's (18 and under)

- Name _____ MM/DD/YY _____
- Name _____ MM/DD/YY _____
- Name _____ MM/DD/YY _____
- Name _____ MM/DD/YY _____

Address: _____

City, ST, Zip _____

Home Phone: _____

Business Phone: _____

For E-News letter - please provide valid e-mail address below

E Mail: _____

Payment Method: **Please Circle One**

Check# Cash MC Visa AMEX

CC # _____

Signature: _____

Name on Card: _____

Expiration Date: _____

_____ Enclosed is an additional gift of \$ _____ to help support the Heard Museum.

_____ Enclosed is my employer's matching gift form to supplement this gift.