

MUSEUM OF THE ISLANDS – MEMBERSHIP FORM
Mailing Address: P.O. Box 305, St. James City, FL 33956
239-283-1525 – www.museumoftheislands.com
Reg. #SC01396

NAME: _____

ADDRESS: _____

Email address: _____

DATE: _____

PHONE: _____

SUMMER ADDRESS IF DIFFERENT FROM ABOVE:

TYPE MEMBERSHIP:

- | | |
|-------------------|--------------|
| Individual | \$ 15.00 [] |
| Family | \$ 20.00 [] |
| Club | \$ 25.00 [] |
| Corporation (Ad) | \$ 50.00 [] |
| Life (per person) | \$100.00 [] |

Membership entitles holder to free admission to the Museum exhibits, advance notice of special programs, events, and the Newsletter.

**THANK YOU FOR SUPPORTING
MUSEUM OF THE ISLANDS**



_____ *for office use only* _____

Invoice # _____ Date _____
Membership Card Issued _____ Send Card _____

Received by: _____