

**MUSEUM OF THE ISLANDS – MEMBERSHIP FORM**  
Mailing Address: P.O. Box 103, Matlacha, FL 33993  
239-283-1525 – [www.museumoftheislands.com](http://www.museumoftheislands.com)  
Reg. #SC01396

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**\*Providing email address implies permission to be contacted by email.**

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

SUMMER ADDRESS IF DIFFERENT FROM ABOVE:  
\_\_\_\_\_

TYPE MEMBERSHP:

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: \_\_\_\_\_