

MUSEUM OF THE ISLANDS – MEMBERSHIP FORM

Mailing Address: P.O. Box 103, Matlacha, FL 33993

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 MEMBERSHIP:

Individual	20.00	<input type="checkbox"/>
Family	25.00	<input type="checkbox"/>
Club	30.00	<input type="checkbox"/>
Corporation (Ad)	50.00	<input type="checkbox"/>
Life	100.00	<input type="checkbox"/>

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: _____