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	☐ *
Family	25.00	☐ *
Life	100.00	☐

Membership entitles Holder to free admission to the Museum exhibits, advance notice of special programs, and events. We are a non profit 501c3 corporation.

*Good until the same month purchased the following year. For example, if you purchase one in March, it will be good until the following March.

THANK YOU FOR SUPPORTING
MUSEUM OF THE ISLANDS

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for office use only

Invoice #_____ Date _____
Membership Card Issued _____ Send Card _____
Received by: _____