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**Delaware Agricultural
Museum and Village**
Non-Profit Organization

866 North DuPont Highway
Dover, Delaware 19901
phone (302) 734-1618
fax (302) 734-0457
e-mail DAMV@verizon.net
www.agriculturalmuseum.org

Dear Friends of the Delaware Agricultural Museum,

We would love your support through a Museum membership. This support will truly make a difference and help the Museum fulfill its mission to preserve our agricultural heritage and pass it on to future generations. We hope that the Museum can count on you to join our other faithful members.

Remember that your membership in the Museum entitles you to:

- Free admission to the Museum exhibits
- Admission to the Museum's special events
- Invitations to openings and the Annual Banquet
- A 10% discount in *The Village Emporium*
- Museum Gazette Newsletter
- Recognition in Museum publications

As you choose to increase your membership level, benefits also increase!

Patron - All the above benefits, PLUS:

- 3 Guest Passes

Sponsor or higher: All the above benefits, PLUS:

- 6 Guest Passes
- 10% Discount on daytime or after hours room rental

Business or higher - All the above benefits, PLUS:

- 10 Guest passes for clients or employees
- 1 Complimentary daytime room rental **or** 50% off of an after hours room rental

If you have any questions or comments, please call the Museum, we are eager to hear from you. We hope you will continue to share in our rich agricultural history by renewing your membership with the Delaware Agricultural Museum and Village.

Please complete the form below and send it along with your payment in the enclosed envelope. Checks are payable to DAMV. Thank you for your support.

Kind Regards,
Membership Services

MEMBERSHIP LEVELS

_____ Senior (65+)	\$20	_____ Sponsor	\$150
_____ Individual /Senior Couple	\$30	_____ Business	\$500
_____ Family (children 4 – 17)	\$50	_____ Corporate	\$1000
_____ Patron	\$75	_____ Endowment Benefactor	\$5000
\$ _____ Additional Donation			

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ e-mail: _____

PAYMENT: _____ Check enclosed _____ Credit card MC VISA Discover (circle one)

Account Number: _____ Exp. Date: _____

Signature: _____