

DELAWARE AGRICULTURAL MUSEUM
MEMBERSHIP FORM

NAME: _____ PHONE _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

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

PAYMENT: Check Enclosed OR Credit Card **MC VISA Discover** (circle type of credit card)

Credit Card Account Number: _____ Exp. Date: _____

3 Digit Code _____

Signature: _____

I would prefer to receive my Newsletter by US MAIL **OR** by EMAIL* (Include Email Address Above)

*Note: Receiving your Newsletter by Email will save the Museum \$10 per year. Thank you for selecting Email!