



CONCORD
MUSEUM

Membership Application

- New Membership Membership Renewal Gift Membership

Please print all information as you would like it to appear on your membership cards.

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Membership Categories:		Payment Method:	
<input type="checkbox"/> Individual	\$50 - \$64	<input type="checkbox"/> Check Enclosed	
<input type="checkbox"/> Dual	\$65 - \$69	<input type="checkbox"/> Cash	
<input type="checkbox"/> Family	\$70 - \$124		
<input type="checkbox"/> Contributor	\$125 - \$249		
<input type="checkbox"/> Patron	\$250 - \$499	Please charge my:	
<input type="checkbox"/> Benefactor	\$500 - \$999	<input type="checkbox"/> Visa	<input type="checkbox"/> MC <input type="checkbox"/> AMEX
Please indicate exact amount: \$ _____			
Card Number: _____		Expires: _____	
Name as it appears on Card: _____			

Billing Information (if different from above):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make all checks payable to:
Concord Museum, P.O. Box 146, 200 Lexington Road, Concord, MA 01742
978-369-9763 <http://www.concordmuseum.org>

*All memberships are fully tax-deductible to the extent allowed by law.
Please allow 3-4 weeks for receipt of your membership cards and materials.*