



New Haven Museum

NEW HAVEN MUSEUM MEMBERSHIP FORM

Please fill out the form and return it, along with payment, to the address at the front desk at 114 Whitney Avenue. You may also submit your membership form by fax to 203.562.2002 or by email to: info@newhavenmuseum.org.

Thank you for your interest membership in the New Haven Museum!

CONTACT INFORMATION

First Name	Middle Initial	Last Name
Daytime Telephone	Email	Evening Telephone
Street Address	City	State and Zip code

MEMBERSHIP CATEGORY

Please select a membership level

<input type="checkbox"/> Student \$20.00	<input type="checkbox"/> Senior Citizen \$35.00	<input type="checkbox"/> Individual \$40.00	<input type="checkbox"/> Household \$65.00
<input type="checkbox"/> Contributing \$100.00	<input type="checkbox"/> Supporting \$250.00	<input type="checkbox"/> Director's Circle \$500.00	<input type="checkbox"/> President's Cabinet \$1,000.00

Your membership contribution is tax-deductible to the extent allowed by law.

I / We would also like to make a fully tax-deductible gift of \$ _____ to the Annual Fund.

PAYMENT DETAILS

Please select your method of payment and provide the requested details

Please charge my credit card:		
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Cash payment	

Card Number

Expiration Date

Cardholder's Name

Cardholder's Signature

If the billing address for this card is different than the contact information, please provide the cardholder's information:

Street Address	City	State and Zip code
Telephone	Alternative Telephone	Email

NEW HAVEN MUSEUM . 114 WHITNEY AVENUE . NEW HAVEN CT 06510

Phone: 203.562.4183 . Fax: 203.562.2002

www.newhavenmuseum.org