



## Friends of the Kenosha Public Museums Membership Form

I would like to join the Friends of the Kenosha Public Museums.

### 1. Contact Information

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your phone number and email address will only be used by the Kenosha Public Museums to contact you about your membership. This information will NOT be shared with any other organization.

### 2. Membership Level

I wish to join the Kenosha Public Museums at the following level (check one).

\_\_\_\_\_ Individual \$30    \_\_\_\_\_ Individual - student, senior, or active military \$25

\_\_\_\_\_ Family \$50    \_\_\_\_\_ Active military family \$40

\_\_\_\_\_ Patron \$80    \_\_\_\_\_ Sponsor \$175

### 3. Gift Membership (skip this section, if not a gift)

This is a gift from:

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Send gift announcement to \_\_\_\_\_ me    \_\_\_\_\_ recipient

### 4. Payment Information

Please make checks payable to Friends of the Kenosha Public Museums.

Credit card type (check one)    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover

Card # \_\_\_\_\_

3-Digit Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ Please automatically renew my membership each year.

\_\_\_\_\_ My check payable to Friends of the Kenosha Public Museums is enclosed.

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Mail to:  
Friends of the Kenosha Public Museums  
5500 First Avenue  
Kenosha, WI 53140

Fax to:  
Kenosha Public Museums  
262-653-4437  
Attn: Friends of the Kenosha Public Museums