



# 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 (please check one):

Individual \$25

Family \$40

Patron \$75

Sponsor \$150

## 3. Payment Information

(Please make checks payable to Friends of the Kenosha Public Museums)

Credit card type (please check one)  Visa  MasterCard

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

3 Digit Security Code: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

I have enclosed my personal check made payable to Friends of the Kenosha Public Museums.

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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