

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 _____ E-mail _____

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 \$100

Sponsor \$150

3. Payment Information

(Please make checks payable to Kenosha Public Museums)

Credit card type (please check one) Visa MasterCard

Card # _____

Exp. date: _____

Name on card: _____

Signature: _____

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

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