



# Membership Application

Date: \_\_\_\_\_  New  
\_\_\_\_\_  Renewal

## SINGLE / INDIVIDUAL MEMBERSHIP

**\$40 per year**

- Senior - 60 & over
- Student - 18 & Over
- Active Military - 18 & Over
- Educator - 18 & Over

**\$60 per year**

- Individual - 18 and over

Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Other \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E Mail: \_\_\_\_\_

**Note: Shaded Fields are required. Please help us to process your membership promptly. Any missing information may delay processing.**

**Welcome to the Heard!**

## FAMILY AND ABOVE MEMBERSHIP

- Family - \$75 (per year)
- Road Runner - \$150 (per year)
- Bobcat - \$500 (per year)
- Red Tailed Hawk (HPS) - \$1,500 (5 years)
- Golden Eagle - \$2,500 (Lifetime)

### Primary Name

Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Other \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

### Spouse/Other

Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Other \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

### Children's Birthday's (18 and under)

- Name \_\_\_\_\_ MM/DD/YY \_\_\_\_\_
- Name \_\_\_\_\_ MM/DD/YY \_\_\_\_\_
- Name \_\_\_\_\_ MM/DD/YY \_\_\_\_\_
- Name \_\_\_\_\_ MM/DD/YY \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E Mail: \_\_\_\_\_

Payment Method: **Please Circle One**

Check# \_\_\_\_\_ Cash \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_

CC # \_\_\_\_\_

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

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

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Enclosed is an additional gift of \$ \_\_\_\_\_ to help support the Heard Museum.

\_\_\_\_\_ Enclosed is my employer's matching gift form to supplement this gift.