

QUINCY MUSEUM MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

If family membership, please list the following children's information:

Name

Birthday

New _____ Renewal _____ Date _____

Please check desired categories listed below.

___ **Patron** - \$100

___ **Sustaining** - \$250

___ **Friend** - \$500

___ **Family** - \$35

___ **Business** - \$500

___ **Individual** - \$20

(Benefits for business members include special programs and museum use.)

(One year free admission for one person plus member benefits)

Amount Enclosed - \$ _____

Payment type ___ **Check** ___ **Visa** ___ **Mastercard** _____ **Other**
Card# _____

Signature _____

You'll receive your membership packet shortly.

Please mail this form to:

Membership Secretary

The Quincy Museum

1601 Main

Quincy, IL 62301-4265