



**Mathews Historical Museum**  
**Membership Application**  
**(2021)**

**Become a Member of Mathews Historical Museum**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**I am interested in the following membership:**

- \_\_\_\_\_ Individual, \$25, per year  
\_\_\_\_\_ Family / Couple, \$35 per year  
\_\_\_\_\_ Active Duty Military, \$15 per year  
\_\_\_\_\_ Student (under 18), FREE  
\_\_\_\_\_ Lifetime Membership, \$500

**I would like to make an Additional gift to support the work of the Museum in the amount of:** \_\_\_\_\_

**I am interested in participating in the following activities:**

- \_\_\_\_\_ Collections      \_\_\_\_\_ Special Events      \_\_\_\_\_ Retail  
\_\_\_\_\_ Membership      \_\_\_\_\_ Fundraising / Grant Writing  
\_\_\_\_\_ Other (please state)

**We will contact you with regard to your interests. Thank you.**

**Thanks you for your interest and support of the Mathews Historic Museum. Please make check payable to Mathews Historical Museum and submit along with this application to Membership Chair / Mathews Historical Museum / P. O. Box 634 / Mathews, VA 23109.**