



**Mathews Historical Museum
Membership Application**

Date: _____

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 would like to make an additional gift to the Capital Campaign 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.