



I wish to become a member of the Martha's Vineyard Museum

- | | | | |
|--|-------|---|-----------|
| <input type="checkbox"/> Student | \$25 | <input type="checkbox"/> Patron | \$250 |
| <input type="checkbox"/> Individual | \$45 | <input type="checkbox"/> Benefactor | \$500* |
| <input type="checkbox"/> Family..... | \$60 | <input type="checkbox"/> President's Circle | \$1,000** |
| <input type="checkbox"/> Sustaining | \$100 | <input type="checkbox"/> Leadership..... | \$2,500** |
| <input type="checkbox"/> Organization/Business | \$150 | <input type="checkbox"/> Steward | \$5,000** |

Enclosed is my check for \$_____. (Please make checks payable to MVM.)

OR

Please bill my Visa/MasterCard

Card # _____ Expiration Date: _____

In addition to free admission to the Museum & Lighthouses, members receive guest passes, a discount at the Shop, The Dukes County Intelligencer, advance notice to all Museum events, and the opportunity to offer their ideas and services as a volunteer.

Your contribution is tax-deductible except for \$15 (*\$25, **\$35)

Name (Mr., Mrs., Miss, other) _____

Winter Address (Street, P.O. Box or RR) _____

City _____ State _____ Zip _____ Winter Phone _____

Summer Mailing Address _____

City _____ State _____ Zip _____ Summer Phone _____

Please use my summer address from: (Date) _____ to (Date) _____

Email: _____

This is a gift membership. Recipient's name _____
Recipient's address _____

I would like to become a volunteer at the MVM

Area of interest: Shop Gate House Cooke House Oral History Library

Days available to volunteer: Tuesday Wednesday Thursday Friday Saturday

My company's matching gift form is enclosed.