

Sheridan Museum of History Annual Membership Application

Support your local museum by becoming a member. We cannot survive without community support. We are completely funded by your kindness. We are a non-profit 501c3 organization so your donation may be tax deductible.

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____
 Email: _____

Annual Membership 6/1 thru 5/31

- _____ Individual \$15
- _____ Senior Couple \$20
- _____ Family Basic \$30
- _____ Museum Friend \$55
- _____ Museum Patron \$125
- _____ Museum Partner \$250
- _____ Museum Pillar \$500

Make checks payable to:
Sheridan Museum of History
PO Box 652
Sheridan, OR 97378
 For questions call
 503-843-2417

By completing this form, the member gives the Sheridan Museum of History the right to release their name and contact information to other members when required and for the purpose of obtaining a grant. Member information will never be sold or released for any other purpose.

Become a Sheridan Museum of History Member Today!

For office use only:

Date Rec: _____ **Check #:** _____ **Cash:** _____ **Amount:** _____ **For Year:** _____

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