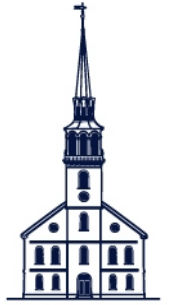


MUSEUM MEMBERSHIP APPLICATION OR RENEWAL FORM

Please complete the application below in full. Please type directly into the document if possible. Email the completed application to membership@osmh.org or print and mail with payment to: Old South Meeting House, Attn: Membership Department, 310 Washington Street, Boston, MA 02108.



OLD SOUTH
MEETING
HOUSE

Questions about your application, payment options, or the benefits of museum membership?

Contact the Membership Department at (617) 482-6439 ext. 10 or email membership@osmh.org.

Contact Information

Name (as shown on credit card): _____

Name of Member(s)*: _____

**Please let us know what name(s) to appear on your membership card.*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work phone #: _____

Home phone #: _____

Fax #: _____

Email address: _____

o Please sign me up for your email newsletter—The eDIAL.

Membership Levels (Choose one) (Fully tax deductible)

- Individual (\$35) Family (\$60) Friend (\$100)
 Contributor (\$250) Benefactor (\$500) Leadership Circle (\$1000)

Is this a (Choose one): New Membership Membership Renewal

Payment Options (Choose one)

- Enclosed is my check made payable to “Old South Association.”
 Please charge my Visa/Mastercard/American Express
 I prefer to pay by phone. (If this box is checked, please provide your daytime phone number: _____)

Membership Level (see above) \$ _____

Additional Donation** \$ _____

Total Amount Enclosed \$ _____

Card number

Expiration Date

Signature

Date