

Membership Enrollment Form

Yes, I want to become a member of the American Textile History Museum!

Name

Address

City, State, Zip

Home Phone:

Business Phone:

Name of second cardholder (*Dual and above membership only*):

Membership category:

- | | | | | | |
|--------------------------|------------|------|--------------------------|--------------|-------|
| <input type="checkbox"/> | Individual | \$40 | <input type="checkbox"/> | Contributing | \$100 |
| <input type="checkbox"/> | Dual | \$55 | <input type="checkbox"/> | Supporting | \$250 |
| <input type="checkbox"/> | Family | \$75 | <input type="checkbox"/> | Patron | \$500 |

- I would like to receive information about the Caroline Stevens Rogers Society of leadership giving.

Gift membership information:

Name of gift recipient:

Address

City, State, Zip

Home Phone:

Business Phone:

Name of Second Cardholder (*for Dual and above membership only*):

Payment Information

Membership dues: \$ _____
Additional gift to support the Museum's mission: \$ _____
Gift Membership dues: \$ _____
Total: \$ _____

- I have enclosed my check payable to ATHM.
 Please charge my credit card:

Number: _____ Exp. Date: _____
(Visa, Mastercard, American Express, Discover)

If you have questions about the membership program, or would like to join by phone, please call the membership office at (978) 441-0400, extension 246.

Thank you for your generous support. Membership gifts are tax-deductible to the extent allowed by law. Please allow two to four weeks to process your gift.