

**Hernando Historic Museum Association**  
**Membership Application Form**

PLEASE PRINT:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Family Members \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Email \_\_\_\_\_ (optional) Cell Phone # \_\_\_\_\_ (optional)

**Please indicate the type membership desired:**

Individual \_\_\_\_\_ \$ 20.00

Dual \_\_\_\_\_ \$ 25.00 (two individuals)

Family\* \_\_\_\_\_ \$ 35.00

Lifetime \_\_\_\_\_ \$ 300.00

Business \*\* \_\_\_\_\_ \$ 100.00

\*Family membership includes all members of the immediate household. Please tell us all the names to put on your membership card.

\*\*Please supply us a business card and we will post it on our link page.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us?

Are you interested in becoming a volunteer?

Please complete the form and send to the address below or drop it off at one of the museums.  
Check payments should be made out to "Hernando Historical Museum Association".

**Hernando Historical Museum Association**  
**Attention: Membership Coordinator**  
**P.O. Box 10572**  
**Brooksville, FL 34603**