

**Hernando Historic Museum Association
Membership Application Form**

PLEASE PRINT:

First Name _____ Last Name _____

Address _____

City / State / Zip _____

Email _____ Cell Phone # _____

(Please provide your email address so we can keep you informed of upcoming events)

Please indicate the level of membership desired:

Individual _____ \$ 20.00

Dual _____ \$ 25.00 (two individuals)
Name of individual 1. _____
Name of individual 2. _____

Family* _____ \$ 35.00 Names of family members: _____

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.

+++ Museum volunteers can take a \$5 discount off any level membership +++

Signature _____ Date _____

How did you hear about us?

Are you interested in becoming a volunteer?

**Hernando Historic Museum Association
Membership Application Form**

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**

Thank you for being a part of our wonderful organization. It is appreciated.

(June 2021)