



Hernando Historic Museum Association Membership Application Form

PLEASE PRINT:

First Name _____ Last Name _____

Address _____

City / State / Zip _____

Email _____ Cell Phone # _____ (for text)

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

Please indicate the level of membership desired:

Individual ____ \$ 25.00

Dual ____ \$ 30.00 (two individuals) Name of individual 1. _____

Name of individual 2. _____

Family* ____ \$ 40.00 Names of family members: _____

Lifetime Membership ____ \$ 300.00

Business Membership** ____ \$ 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 links webpage.*

+++ 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?

Please complete the form and send it to the address below (Cash or Check) or drop it off at one of our 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.