

Berkshire museum

Membership Level *(please select):*

- Individual \$50
 Family \$75
 Sustainer \$125
 Supporter \$250
 Donor \$500

Add additional people to your membership with the PLUS Card option:

PLUS 2 \$30 PLUS 4 \$55

Add Smithsonian Affiliate benefits to your membership for just \$25.

Donor Information *(all fields are required)*

Title, First Name, Last Name

Mailing Address

City, State, Zip

Home Telephone

Seasonal Address

Seasonal Mailing Address

City, State, Zip

Seasonal Telephone

Send my mail here from _____ date
to _____ date

Thank you for your membership!

Payment

Membership Level \$ _____
PLUS Card \$ _____
Smithsonian Affiliate \$ _____
Total \$ _____

Enclosed is a check payable to the Berkshire Museum

Please charge my:

VISA MasterCard AMEX Discover

Credit Card Number

Expiration Date

Security Code

MC/VISA - Last 3 digits on signature panel.
AMEX - 4 small digits on face of card.

Signature

I would like to receive the Berkshire Museum Member Email Newsletter.

Email (if yes) *Note: You may opt out of the newsletter at any time.*

Gift Membership

Gift Recipient information *(all fields are required)*

Title, First Name, Last Name

Mailing Address

City, State, Zip

Home Telephone

Send:

cards to recipient cards to purchaser

gift certificate to recipient gift certificate to purchaser