



Membership Form

Please complete and mail with your check made payable to the: **GSU Museum Foundation**,
Box 8061, Statesboro, GA 30460 or call with credit card information, **Susan Shryock, 912.478.5444**

Membership Card Information (Please print):

Dr./Mr./Mrs./Ms./Miss: _____

Dr./Mr./Mrs./Ms./Miss: _____

Address: _____

City, State, & Zip: _____

Phone (H): _____ (W): _____ (C): _____

Email: _____

**If this is a Gift Membership, please indicate below whom the gift is from:*

Name: _____ Phone: _____

New

Renewal

Gift Membership*

Membership Level (Check one):

Student (\$15)

Individual (\$30)

Family (\$50)**

Curator (\$100)

Patron (\$250)

Director (\$500)

Mosasaur (\$1,000)

***For **Family Membership**, please list names and ages of children under 18 living at home:*

Please note: Museum Members are asked to show their membership card for admission and discounts.

Payment Information:

Cash

Check # _____

Date: _____

Made payable to **GSU Museum Foundation**

Charge to:

Mastercard

OR

Visa

Card # _____

Exp. Date: _____

Signature: _____

Matching Gift: Will your employer match your gift? If so, please submit the name of your company and a matching gift form from the organization _____

For office use only:

Entered into Past Perfect

Application Date: _____

Formsandlogo/Membership Marketing/Membershipform.indd, rev 8-5-09, DG

Thank you!