

MUSEUM MEMBERSHIP APPLICATION OR RENEWAL FORM

Please complete the application below in full. Please type directly into the document if possible. Email the completed application to membership@osmh.org or print and mail with payment to: Old South Meeting House, Attn: Membership Department, 310 Washington Street, Boston, MA 02108.



Questions about your application, payment options, or the benefits of museum membership?
Contact the Membership Department at (617) 482-6439 ext. 10 or email membership@osmh.org.

Contact Information

Name (as shown on credit card): _____

Name of Member(s)*: _____

**Please let us know what name(s) to appear on your membership card.*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work phone #: _____

Home phone #: _____

Fax #: _____

Email address: _____

o Please sign me up for your email newsletter—The eDIAL.

Membership Levels (Choose one)

- Individual (\$35) Family (\$60) Friend (\$100) Contributor (\$250)* Donor (\$500)* Patron (\$1000)*
 National Member—Individual (\$20)** National Member—Family (\$35)**

**All new members at these levels will receive a complimentary gift.*

***To be eligible for the National Membership levels, you must live outside of the 6 New England states.*

Is this a (Choose one): New Membership Membership Renewal

Payment Options (Choose one)

- Enclosed is my check made payable to “Old South Association.”
 Please charge my Visa/Mastercard/American Express
 I prefer to pay by phone. (If this box is checked, please provide your daytime phone number: _____ - _____)

Membership Level (see above) \$ _____

Additional Donation** \$ _____

Total Amount Enclosed \$ _____

***Donations are tax-deductible to the fullest extent of the law.*

Card number

Expiration Date

Signature

Date