



THE MUSEUM OF WESTERN FILM HISTORY

Membership Application

Please check the plan that best suits you and complete the following information. Be assured that all your personal information is kept confidential and that your e-mail will only be used to keep you informed on Museum news and promotions.

ANNUAL MEMBERSHIPS

- Annual Individual \$45
- Annual Individual Senior (65 or over) \$35
- Annual Couple \$75
- Annual Couple Senior (65 or over) \$60
- Annual Family \$85
- Annual Family Senior (65 or over) \$75
- Annual Business \$100

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LIFETIME MEMBERSHIPS

- Lifetime Individual \$600
- Lifetime Individual Senior (65 or over) \$500
- Lifetime Couple/Family \$1000
- Lifetime Couple/Family Senior \$850

*Couples: Two individuals over 65 at the same address
Family memberships include two adults & children 13 and older*

Business Name: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Payment Options: Check or Credit Card

Amount Enclosed: _____ Please make checks payable to, Museum of Western Film History
PO Box 111, Lone Pine, CA 93545

Credit Card Number: _____ - _____ - _____ - _____ Expires: _____

Signature _____ Date: _____

Please Print Name _____