



Membership Enrollment Form

Name (Mr. Ms. Mrs. Miss)

Street Address

City, State, Zip

Phone

Email

Name of second card holder (dual/family)

Gift Membership information

Name (Mr. Ms. Mrs. Miss)

Street Address

City, State, Zip

Phone

Email

Name of second card holder (dual/family)

Membership Level: (indicate number of memberships)

- | | |
|--|---|
| <input type="checkbox"/> Individual (\$50) | <input type="checkbox"/> Smithsonian (\$20) <i>add.</i> |
| <input type="checkbox"/> Senior/Student (\$40) | <input type="checkbox"/> CSR Society (\$1,000) |
| <input type="checkbox"/> Dual (\$65) | <input type="checkbox"/> Kitson (\$2,500) |
| <input type="checkbox"/> Family (\$100) | <input type="checkbox"/> Heirloom (\$5,00) |
| <input type="checkbox"/> Contributing (\$150) | <input type="checkbox"/> President's (\$10,000) |
| <input type="checkbox"/> Supporting (\$250) | |

Total Membership dues \$ _____

Donation to the ATHM Annual Fund \$ _____
(\$150 or more includes member benefits)

TOTAL \$ _____

Please charge my credit card:

Number: _____

Visa MC Discover American Express (*circle*)

Expiration date: _____

Signature: _____

I have enclosed a check payable to ATHM

Send to:

American Textile History Museum
491 Dutton Street
Lowell, MA 01854-4221