

YES! I WANT TO JOIN

Dr. / Mr. / Mrs. / Ms.

Name

Dr. / Mr. / Mrs. / Ms.

2nd adult (if applicable)

Mailing Address

City

State

Zip

Telephone

Country

E-mail

Name(s) and Age(s) of children or grandchildren
(if applicable)

PAYMENT INFORMATION

- \$35 SENIOR
- \$40 FRIEND
- \$70 DUAL/FAMILY
- \$85 FAMILY & FRIENDS
- \$120 PATRON
- \$250 BENEFACTOR
- \$500 VISIONARY
- \$1,000 CHARLES REED BISHOP SOCIETY

Please enclose your check payable to Bishop Museum
or charge to:

- Visa MasterCard AmEx Discover

Account Number

Expiration Date

Signature

THIS MEMBERSHIP IS A GIFT FROM:

Dr. / Mr. / Mrs. / Ms. (circle one)

Name

Mailing Address

City

State

Zip

Telephone

Email