



MEMBERSHIP ENROLLMENT FORM

New Member Renewing Member

Name

Institutional/Corporation (and title if applicable)

Address

City/State/Zip

Phone

E-mail

Membership Categories Annual Dues*

- Individual \$30
- Family \$50
- Patron \$300-\$499
- Sponsor \$500-\$4999
- Benefactor \$5000+

* The Sycamore History Museum is a 501(c)3 non-profit organization, donations are tax deductible to the full extent allowed by law.

Payment

I would also like to include a general donation in the amount of: \$ _____

Cash Check enclosed *payable to Sycamore History Museum* ck# _____

If you wish to pay by credit card please go to the paypal link on our website.

Total Enclosed \$ _____

Yes, I would like more information regarding:

- Volunteering (examples can be found on our website)
- Sending a birthday, memorial or anniversary card
- SHM Endowment Fund

Mail this form with payment to:

**Sycamore History Museum, c/o Membership Department
1730 N. Main Street, P.O.Box 502, Sycamore, IL 60178**

Call or email any questions to:

P: 815.8985.5762 / info@sycamorehistory.org / sycamorehistory.org