

**Membership Application / Donation Form  
Western Heritage Museum**

**MEMBERSHIP**

**Check selected Annual Membership category**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Student (through high school) . \$5.00 | <input type="checkbox"/> Provider ..... \$250.00                   | <input type="checkbox"/> Corporate Organizations ..... \$1,000.00 |
| <input type="checkbox"/> Individual ..... \$25.00               | <input type="checkbox"/> Investor ..... \$500.00                   | <input type="checkbox"/> Lifetime Membership* ..... \$1,500.00    |
| <input type="checkbox"/> Family ..... \$50.00                   | <input type="checkbox"/> Endorser ..... \$1,000.00                 | *Lifetime member receive the "Partner" recognition                |
| <input type="checkbox"/> Associate ..... \$100.00               | <input type="checkbox"/> Civic/Non-Profit Organizations . \$100.00 | plaque in addition to the other benefits.                         |

Charter memberships will be recognized by a special recognition certificate through December 31, 2008. Please check with your employer about a possible matching gift program.

Member name	Address	Phone number	E-mail

Also enclosed is a gift membership for the following:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Membership Category \_\_\_\_\_

**DONATIONS**

Enclosed is a tax deductible gift of \$\_\_\_\_\_ to be used as follows:

Contributor level: \_\_\_\_\_ In honor of: \_\_\_\_\_  
 Sponsor of: \_\_\_\_\_ In memory of: \_\_\_\_\_  
 Endorser of: \_\_\_\_\_

**Please make checks payable to the Western Heritage Museum. To join as a member or make a donation by credit card, please provide the following information:**

VISA  Discover  MasterCard  Other  \_\_\_\_\_  
 Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**Return form and funds to 5317 Lovington Highway, Hobbs, New Mexico 88240**