

# KELLEY HOUSE MUSEUM

## Payment for Membership - Select a Level

\_\_\_\_\_ \$50 Historian

\_\_\_\_\_ \$250 Museum Sponsor

\_\_\_\_\_ \$125 Curator

\_\_\_\_\_ \$2,000+ Museum Benefactor

Make enclosed check payable to **Kelley House Museum, Inc.** or pay by

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit CID# \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Your Annual Membership runs 12 months until the end of the month you joined.

Mail to:

Kelley House Museum  
PO Box 922  
45007 Albion Street  
Mendocino CA 95460

***In addition to Membership Dues, an additional \$ \_\_\_\_\_ is enclosed.***

\_\_\_\_\_ In Memory of \*      \_\_\_\_\_ To Honor \*      \_\_\_\_\_ As a Gift Membership

\* \_\_\_\_\_

An Acknowledgment of your Donation/Gift can be sent to:

***Name*** \_\_\_\_\_

***Mailing Address*** \_\_\_\_\_

***City / State / Zip*** \_\_\_\_\_