



ANNISTON MUSEUMS
and GARDENS



THREE ATTRACTIONS, ONE MEMBERSHIP

Member Contact Information:

Name: _____ Circle one: Mr. Mrs. Ms. Dr.

Spouse Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Number of family members living at this address: Adults ____ Children ____

Membership Categories: (Choose one level)

Individual	_____	\$60
Family (at one address)	_____	\$90
Patron	_____	\$250
Benefactor	_____	\$500
Director's Society	_____	\$1000

Payment Options:

- Check (make payable to Anniston Museum)
 Cash
 MasterCard Visa American Express Discover

Name on Card: _____

Account #: _____ Expiration Date: _____ CVC: _____

Mail payment and form to Anniston Museum of Natural History, P.O. Box 1587, Anniston, AL 36202
ATTN: Development Officer

**Thank you for your support! We look forward to seeing you and your family this year at
Anniston Museums and Gardens!**