



Membership Application

Return to: Burpee Museum, Attn. Membership, 737 N. Main St., Rockford IL 61103 (815) 965-3433

This Membership is for:

Address:

Phone: _____ Email: _____

This membership is a gift, given by:

Address:

Phone: _____

- Family- One Year \$70 Family- Two Year \$125
 Grandparent- One Year \$70 Grandparent- Two Year \$125
 Individual- One Year \$60 Individual- Two Year \$110

I would also like to make a contribution to support Burpee in the amount of \$ _____

Total amount enclosed: \$ _____

Payment type: Check, Payable to Burpee Museum Credit Card (V,MC, D, AE)

Card # _____ Exp Date _____

Three digit code on back of card # _____

Signature _____

Mission: To encourage all people to engage in a lifetime of learning about the natural world.

A portion of your membership may be tax deductible, consult you tax advisor.