



## Membership Application

This membership is for:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If this membership is a gift, the giver is:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

- Individual / Single Parent \$50 (2 year \$90)       Family \$60 (2 year \$110)  
 Grandparents \$60 (2 year \$110)  
  
 Hell Creek Society \$1000 (2 year \$1800)

I would also like to support the Burpee Museum with my contribution of \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

Payment:     Check payable to Burpee Museum

Visa/MC # \_\_\_\_\_ Exp \_\_\_\_\_

Signature: \_\_\_\_\_

Please return the form to the Information Desk at the Burpee Museum, or mail it to:

Burpee Museum, Attn: Membership, 737 North Main Street Rockford, IL 61103

*Your membership to Burpee Museum is tax deductible under the fullest extent allowed by law.  
Consult your tax advisor.*