



# Membership Application

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|--|--|
| <input type="checkbox"/> Senior, \$25<br>Teacher & Student | <input type="checkbox"/> Associate \$250   |
| <input type="checkbox"/> Individual \$30                   | <input type="checkbox"/> Contributor \$500 |
| <input type="checkbox"/> Family \$40                       | <input type="checkbox"/> Friend \$1000     |
| <input type="checkbox"/> Sustaining \$100                  | <input type="checkbox"/> Patron \$2500     |

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

## Preferred Method of Payment

Enclosed is My Check Made Payable to Loudoun Museum

Please Bill My:  VISA  MasterCard

Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

**Please Print, Complete and Mail Application to:**

Loudoun Museum  
16 Loudoun Street  
Leesburg, Virginia 20175