

# THE HERITAGE MUSEUM - 2019 MEMBERSHIP

*The Heritage Museum is a 501(c)(3) organization.*

## **Basic Benefits of Membership include:**

- a membership card
- a vote on matters brought to the general membership at regular, annual or special meetings of the board or membership (subject to Museum Inc. by-laws) Applies to Members in Good Standing age 18 and over.
- the knowledge that you support The Heritage Museum's mission to preserve and interpret the history of the area.

Member Name(s):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

E-mail:

For Museum use only. We will not share your e-mail with anyone.

Check here if you would like the monthly minutes e-mailed to you.  
No e-mail? Check here  and we can make other arrangements for you to receive the minutes.

Check box if you would like a copy of the by-laws via e-mail.

\$ \_\_\_\_\_ **General Membership** – \$ 20.00 *per person*

\$ \_\_\_\_\_ **Senior Membership** – Age 55 and over - \$ 10.00 *per person*

\$ \_\_\_\_\_ **Family Membership** – for 1 or 2 Adults *plus* dependent children - \$ 45.00

*Memberships and Partnerships at the following levels include a 10% discount on most items at The Heritage Museum Gift Shop (when valid membership card is shown) in addition to Basic Benefits.*

\$ \_\_\_\_\_ **Contributing Membership** – \$50.00      \$ \_\_\_\_\_ **Sustaining Membership** – \$ 100.00

\$ \_\_\_\_\_ **Heritage Partnership** – \$ 250.00      \$ \_\_\_\_\_ **Endowing Partnership** – \$ 500.00

\$ \_\_\_\_\_ **Lifetime Partnership** – \$ 1500.00

*In addition to Basic Benefits and the 10% discount, Lifetime Partners will have a certificate placed in a book on display at the Museum entrance. A current Membership Card will be sent each year.*

## **For Family Memberships Only**

List dependent children's names and ages here.

Child's Name	Age
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## **For Business Memberships Only**

*With your Business Membership, your website link will be added to The Heritage Museum's website!*

*Please provide the website below.*

**Business Membership** – \$50.00       **Corporate Membership** – \$ 100.00

\_\_\_\_\_  
*Name of Business*

\_\_\_\_\_  
*Website Address*

*Please consider these Special Funding opportunities in addition to your membership.*

\$ \_\_\_\_ **Equipment, Locomotive and Railroad Fund** - For all aspects of the care, housing, and rebuild of equipment, the J. Neils Shay #4, related structures, & displays.

\$ \_\_\_\_ **General Fund (Unrestricted)** - For all aspects of maintenance, daily operations, improvements to the buildings & grounds, utilities, and other costs.

\$ \_\_\_\_ **Historic Preservation Fund** - For all aspects of preparing and preservation of historic photos, documents, and artifacts, and necessary acquisitions.

\$ \_\_\_\_ **Accessioned Vehicle Fund** - For all aspects of the care and maintenance of the Model T Fords and other historical vehicles in the collection.

\$ \_\_\_\_ **Education & Training** - For all aspects of training and educating museum volunteers to approved museum practices.

\$ \_\_\_\_ **Memorial Fund** - In honor or remembrance of beloved family members, friends, associates, events, or even pets. *(Fill out section below.)*

*Donations to any fund above may be made In Honor of or In Memory of another person.*

**In Honor of:** \_\_\_\_\_ *or* **In Memory of:** \_\_\_\_\_

*Notification of memorial or honor will be sent if name and address provided here:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**The Heritage Museum is a 501(c)(3) non-profit organization. Contributions are generally tax deductible.**

**TOTAL ENCLOSED: \$** \_\_\_\_\_  Check  Cash  Credit Card



CIRCLE ONE

**If paying by Credit Card: SIGNATURE:** \_\_\_\_\_

**CARD NUMBER:** \_ \_ \_ - \_ \_ \_ - \_ \_ \_ **EXP. DATE:** \_\_\_\_\_

**CVV/CSC (3-digit code on back of card):** \_ \_ \_

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**For Museum Use:**

Membership Card(s) or Certificate Sent/Delivered Date \_\_\_\_\_  Special Funding Acknowledgment Sent Date \_\_\_\_\_  Memorial or Honorary Donation Notification Sent Date \_\_\_\_\_

***Return form to:***

**The Heritage Museum, Attn: Membership, PO Box 628, Libby, MT 59923-0628**