



Membership Application
The Museum Association, Inc.

If you would like to become a member, print and complete this form. Mail with your payment to:

The Museum Association, Inc.
420 College Street
Greenville, SC 29601

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Yes, I would like to receive information about volunteering.

Membership category:

- Friend \$50
- Young Collector \$75
- Contributor \$100
- Sponsor \$500

If this is a gift, check here and let us know how the gift card should be signed.

Method of Payment

Check Enclosed

Charge

Visa

Mastercard

Name on Card: _____

Card Number: _____

Expiration Date: _____ Signature: _____

All or part of your membership contribution is tax deductible.