

Membership Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Occupation: _____

I'm interested in volunteering my services.

Please tell us more: _____

I'm a member of synagogue church other

I'm a Holocaust Survivor 2nd Generation 3rd Generation

Payment information:

Enclosed my check for \$ _____

(Payable to Holocaust Museum & Study Center or HMSC)

Please charge my contribution to my

VISA MC AMEX

Card # _____ Exp. Date _____ (m/y)

Date: _____ Signature: _____

**Support & Partner With Your
Holocaust Museum**

I would like to donate to the Museum:

\$ _____

Yes, I would like to support the Museum with my membership gift!

Please select your membership level below.

Yes, I'm becoming a member!

- | | |
|--|-------|
| <input type="checkbox"/> Student membership
<i>(12 months)</i> | \$18 |
| <input type="checkbox"/> Individual membership
<i>(12 months)</i> | \$50 |
| <input type="checkbox"/> Fam./ Organization membership
<i>(12 months)</i> | \$100 |

Special membership program

providing critical support to the Museum

- | | |
|--|---------|
| <input type="checkbox"/> Sponsor membership
<i>(12 months)</i> | \$150 |
| <input type="checkbox"/> Friend membership
<i>(12 months)</i> | \$300 |
| <input type="checkbox"/> Patron membership
<i>(12 months)</i> | \$500 |
| <input type="checkbox"/> Benefactor membership
<i>(12 months)</i> | \$1,000 |
| <input type="checkbox"/> Platinum membership
<i>(12 months)</i> | \$1,800 |
| <input type="checkbox"/> Diamond membership
<i>(12 months)</i> | \$5,000 |