



Frostburg Museum Association , Inc. P.O. Box 92, Frostburg, Maryland 21532

Membership Receipt Date: _____ (Please detach for your records) _____

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Membership Application

I wish to continue/begin my membership in the Frostburg Museum Association. I have indicated below the membership category which matches my level of involvement. I enclose my check made payable to the Frostburg Museum Association and send it to the above address.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please check level of involvement below:

- Seniors/Students - \$10.00
- Individual - \$20.00
- Family- \$35.00
- Sponsor - \$50.00
- Patron - \$100.00
- Benefactor - \$250.00
- Life Member - \$1000.00
- Business Level 1 - \$100.00
- Business Level 2 - \$250.00

Would you like to find out how to become involved in service as a Museum Volunteer?

Yes

No

We at the Frostburg Museum Association gratefully thank you for your continued support!