



The Museum of Automobiles, Inc.

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NAME: _____ SPOUSE NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PLEASE ENROLL ME AS A MEMBER OF THE MUSEUM OF AUTOMOBILES
IN THE _____ MEMBERSHIP CLASSIFICATION.

DATE; _____ SIGNATURE: _____

MEMBERSHIP IS FOR A 12-MONTH PERIOD BEGINNING WITH THE MONTH YOU JOIN.

MEMBERSHIP CLASSIFICATIONS

FRIEND	\$50.00
ASSOCIATE	\$100.00
SUSTAINING	\$250.00
CONTRIBUTING	\$500.00
PATRON	\$1,000.00
LIFETIME	\$2,500.00