

ChicagoHistoryMuseum

New Member Application

REQUIRED INFORMATION:

Payment type

- Cash
 Check (Payable to Chicago History Museum)
 Credit card (write-in)

- Visa MasterCard
 Discover American Express

Account #: _____

Exp Date ____/____/____

Signature _____

Today's Date: ____/____/____

Please select a Member Category

Family Membership

- \$60 Annual Family
 \$115 Biennial Family
 \$55 Annual Student/Senior
 \$105 Biennial Student/Senior

Individual Membership

- \$50 Annual Individual
 \$95 Biennial Individual
 \$45 Annual Student/Senior
 \$85 Biennial Student/Senior

Information to Appear on Member Card(s)

Name _____

Name 2 (Family Memberships) _____

Address _____

City, St, Zip _____

Home Phone _____

Email _____

FOR GIFT MEMBERSHIPS ONLY:

Giver's Name _____

Address _____

City, St, Zip _____

Where would you like us to send it?

- Send to Recipient
 Send to Giver

PLEASE RETURN FORM TO:

Chicago History Museum
Attn: Membership Department
1601 North Clark Street
Chicago, IL 60614

Fax: 312.799.2412
Email: members@chicagohistory.org

Thank you in advance for considering membership to the Chicago History Museum. We look forward to welcoming you to the community of supporters that enable the museum to remain Chicago's premier urban history institution.