



Business Membership Form

Basic Information

Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

Website: _____ Email: _____

Membership Information

(please check one)

- | | |
|---|--|
| <input type="checkbox"/> \$55 - Individual Affiliate Membership | <input type="checkbox"/> \$200 - Supporter |
| <input type="checkbox"/> \$95 - Business Affiliate Membership | <input type="checkbox"/> \$500 - Patron |
| | <input type="checkbox"/> \$1,000 - Sponsor |

Affiliate Description: _____

- YES, I would like my ad to be featured in the following issue(s) of *Tapestry*.
(Please e-mail advertisement in JPEG format (300 dpi) to pamuseums@pamuseums.org)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |

Your membership registration will not be complete until we receive your payment.

Payment Information

To pay by check, make check payable to the:
**Pennsylvania Federation of Museums and
Historical Organizations**
234 North Third Street, Third Floor
Harrisburg, PA 17101

For credit card payments call:
Donna Sadowski
717-909-4951