



# Individual Membership Form

## Basic Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Type

(please check one)

- \$35 - Individual
- \$25 - Staff or volunteer of PFMHO institutional member
- \$15 - Student Member (with valid student ID)

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

## Payment Information

For credit card payments call:

**Donna Sadowski 717-909-4951**

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**