

# 2019 Membership Form

Please mail to the Museum at the address provided, or pay now via PayPal.

**Mail to Excelsior Springs Museum & Archives, P.O. Box 144, Excelsior Springs, Missouri, 64024**

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

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

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am an ESHS graduate Class of \_\_\_\_\_

Circle one:

Students \$5 (K-12)      Regular: \$15      Family: \$35 (\_\_\_\_\_ # in family)

Business: \$50      Patron: \$250

**Additional donation:** \_\_\_\_\_ (Donations are tax-deductible)

To pay via PayPal, please go to our website at [www.esmuseum.com](http://www.esmuseum.com)

For Museum staff only:

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Check # \_\_\_\_\_