

2024 Membership Form

Join today and your membership is effective immediately through
December 31, 2024.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check one:

Students: \$5 (K-12) Regular: \$20 Family: \$40 (____ # in family)

Business: \$50 Patron: \$250

Additional donation: _____

(The Museum is a 501(c)(3) nonprofit; donations are tax-deductible.)

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

OR

E-mail this form to emuseum101@gmail.com and pay via PayPal
on our website: www.esmuseum.com

For Museum staff only:

Received by: _____

Date received: _____

Check # _____