

# Membership Application

## Annual Membership Categories

_____ Benefactor	\$1,000
_____ Patron	\$500
_____ Sponsor	\$250
_____ Booster	\$100
_____ Family	\$35
_____ Individual	\$25
_____ Student/Senior	\$15

*Membership entitles you to free admission to Exhibit openings, Receptions and Lectures/Special Events.*

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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

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

Enclose check & mail to:  
Ward-Heitmann House Museum Foundation  
P.O. Box 573  
West Haven, CT 06516  
*Membership card will be mailed to you*