

Friends of the Museum of the Everglades

P O Box 677, Everglades City, FL, 34139

"Keeping History Alive at Our Museum"

ANNUAL MEMBERSHIP

Date: _____

___ Individual (\$15) ___ Family (\$25) ___ Business (\$50)

___ Donor (\$100) ___ Sponsor (\$500) ___ Patron (\$1000)

(Membership Year is from January to December)

Name _____

Street or PO Box _____

City _____ State _____ ZIP _____ - _____

email _____

(Using email for newsletters, etc, helps lower our costs. We do not share email addresses. Thank You!)

Other address: ___Jan ___Feb ___Mar ___Apr ___May ___Jun ___Jul ___Aug ___Sep ___Oct ___Nov ___Dec

Street or PO Box _____

City _____ State _____ ZIP _____ - _____

I would like to volunteer as a greeter. My telephone number is _____

I can work at the Museum desk ___ mornings ___ afternoons

on ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Please make check payable to "FME" and send to P O Box 677, Everglades City, FL, 34139

The Friends of the Museum of the Everglades is a 501(c)(3) non-profit organization.