

Membership

Application

Date: _____ [] New Membership [] Renewal [] Other Donation

Student \$20. ____ Individual \$25. ____ Family \$30. ____

Business \$55. ____ Life Member \$500. ____ Other Donation ____

Name/Business Name: _____

Address: _____ City,State,Zip: _____

Email Address: _____

(newsletters are delivered by email unless requested by postage)

Phone: _____ Alternate Phone: _____

Areas of Volunteer interest: _____

Mail completed form and your check to the address below:

Eustis Historical Museum
536 North Bay Street
Eustis, Florida 32726-3439

Phone: (352) 483-0046

Email: Curator@EustisHistoricalMuseum.org