



Membership Application

Date: _____

Name: _____

Address: _____

Phone: (H) _____

(C) _____

Email: _____

MEMBERSHIP LEVELS

Individual\$30 _____

Family.....\$50 _____

Organization/Business.....\$100 _____

Would you like to volunteer? _____

Tax-deductible Donation...\$ _____

Bronze – \$100 Silver – \$1,000

Gold – \$10,000 Platinum--\$25,000

Rust -- \$100,000

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www.avmuseum.org

Make checks payable to: AV Rural Museum

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Lancaster, CA 93584

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