

YOUR FINANCIAL SUPPORT MAKES OUR MISSION POSSIBLE

SHEBOYGAN COUNTY MUSEUM

RETURNED FILLED-OUT FORM AND PAYMENT TO 3110 ERIE AVE, SHEBOYGAN WI 53081

Thank you for your interest in the Sheboygan County Museum. Your membership helps support our mission “to collect, preserve, and educate about the history of Sheboygan County.” We rely on membership contributions to help preserve our local history, provide education programs, curate and rent exhibits, publicize events, and pay for other necessary expenses.

As a member, you will receive five newsletters and our annual report, 10% discount on all regular-price merchandise from the Museum Store, invitations to member-only programs & previews, advance notice of events, and free admission to the museum throughout the year.

If you would like to join our amazing team of volunteers, give us a call at (920) 458-1103 ext. 7111. Volunteer opportunities include hospitality, facilitating education programming, database entry, and special events.

Membership benefits:

Individual Membership — \$40 annually

Free individual admission
2 Guest Passes

Family Membership — \$50 annually

Free admission for 2 adults + all minor children
4 Guest Passes

Supporting Membership — \$150 annually

Free admission for 2 adults + all minor children
6 Guest Passes


Sponsor Membership — \$500 annually

Free admission for 2 adults + all minor children
6 Guest Passes
Behind the Scenes Tour with the Executive Director for up to six (6) attendees

Benefactor Membership — \$1,000 annually

Free admission for 2 adults + all minor children
6 Guest Passes
Behind the Scenes Tour with the Executive Director for up to six (6) attendees
Recognition on Museum Donor wall

Thank you! Your membership and donations are deductible to the full extent allowed by law.

SHEBOYGAN COUNTY	
 MEMBERS START HERE	
M U S E U M	
MEMBERSHIP LEVEL (check one)	
<input type="checkbox"/> Individual (\$40)	<input type="checkbox"/> Sponsor (\$500)
<input type="checkbox"/> Family (\$50)	<input type="checkbox"/> Benefactor (\$1,000)
<input type="checkbox"/> Supporting (\$150)	
\$ _____ Additional Donation	
\$ _____ Total	
MEMBER	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
First _____	
Last _____	
Address _____	
City _____	
State _____ Zip _____	
Phone (_____) _____ - _____	
Email _____	
CO-MEMBER SPOUSE	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
First _____	
Last _____	
Email _____	
FOR OFFICE USE ONLY	
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/> Comp/info	
PAYMENT TYPE	
<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check <input type="checkbox"/> Other _____	
Date _____ Reference # _____	