



BATTLE CREEK  
REGIONAL  
HISTORY MUSEUM

# MEMBERSHIP FORM

- SINGLE (\$35)       FAMILY (\$50)  
UP TO 4 (FOUR)  
INDIVIDUALS

\* PLEASE ADD A TAX DEDUCTABLE  
DONATION TO MY PURCHASE:

DATE \_\_\_/\_\_\_/\_\_\_ TOTAL PAYMENT \$ \_\_\_\_\_

NAME(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**METHOD OF PAYMENT:**

• CHECK (PAYABLE TO BCRHM)

• CREDIT CARD:

MASTERCARD     VISA     DISCOVER

CREDIT CARD

NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_ CCV (3 DIGIT CODE) \_\_\_\_\_

PLEASE PRINT NAME ABOVE AS IT APPEARS ON  
CREDIT CARD

PLEASE SIGN ABOVE TO AUTHORIZE CHANGE

PLEASE CALL FOR PICK UP     PLEASE MAIL MY CARD(S)

**MEMBERSHIP IS VALID FOR ONE YEAR  
FROM TIME OF APPLICATION ACCEPTED.**