



FRIENDS OF THE BENNINGTON MUSEUM MEMBERSHIP FORM

Contact Information

Name Dr./Mr./Mrs./Ms.

Address _____

City, State Zip _____

Phone _____

Email _____

Membership Level (select one)

Individual	\$40	_____
Family	\$60	_____
Contributing	\$100	_____
Sustaining	\$200	_____

The Walloomsac Society

The Society provides significant annual support for the museum collections and programs.

Friend	\$300	_____
Patron	\$600	_____
Benefactor	\$1000	_____
Director's Circle	\$1500	_____

TOTAL DUE

Payment Options

Send this form with payment to

Bennington Museum Membership
75 West Main Street,
Bennington, VT 05201

Check enclosed made payable to Bennington Museum

Credit card (circle one) Visa MC Amex Discover

Number _____

Exp. date _____

Signature _____

_____ NEW _____ RENEWING