

LA CONNER QUILT & TEXTILE MUSUEM

ANNUAL MEMBERSHIP Registration Form

MEMBER INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Home phone (_____) _____ Cell Phone (_____) _____

Email address _____

MEMBERSHIP LEVELS (choose one)

- | | |
|--|---|
| <input type="checkbox"/> \$35 Individual | <input type="checkbox"/> \$250 Supporter |
| <input type="checkbox"/> \$50 Family | <input type="checkbox"/> \$500 Patron |
| <input type="checkbox"/> \$125 Friend | <input type="checkbox"/> \$1,000 Benefactor |

PAYMENT INFORMATION

Type of Payment: Cash Check Visa MC AMEX

Credit Card Number: _____ Exp date _____

Card Security Code: _____

(the three digit code on the back of Visa and MC cards, a four digit number on the front of AMEX cards)

Please mail your completed Registration Form to: La Conner Quilt & Textile Museum, P.O. Box 1270,
La Conner, WA 98257. Thank you!