

MEMBERSHIP

Name: _____

Address: _____

Telephone: (____) _____

Email: _____

Please make checks payable to:
Fort Devens Museum

Mail to: The Fort Devens Museum
94 Jackson Road, Suite 305
Devens, MA 01434
A 501(c)(3) organization

Annual Membership:

- | | |
|----------------------------------|---------|
| <input type="radio"/> Corporate | \$1,500 |
| <input type="radio"/> Business | \$500 |
| <input type="radio"/> Patron | \$300 |
| <input type="radio"/> Non-Profit | \$75 |
| <input type="radio"/> General | \$35 |
| <input type="radio"/> Associate | \$15 |