

Membership Application Form

Yes, I want to support the Ocean Isle Museum Foundation, Inc. by becoming a member.

Adult #1 Name: _____

Adult #2 Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Referred by: _____

This membership is (check one): New Renewal

Choose a membership category (check choice):

- Individual* Planetarium Museum Dual (Planetarium & Museum)
- Family* Planetarium Museum Dual (Planetarium & Museum)
- Plus* Planetarium Museum Dual (Planetarium & Museum)
- Foundation
- Corporate

*Are you eligible to receive a 10% Senior Discount (age 62+)? Yes No

*Are you eligible to receive a \$20.00 Active Volunteer Discount? Yes No

Note: Only one discount may be taken.

***NO DISCOUNT ON FOUNDATION OF CORPORATE**

\$ _____ (Membership) minus \$ _____ (Discount if applicable) = \$ _____ (Total Due)

Type of payment: Enclosed check payable to Ocean Isle Museum Foundation, Inc.
 Please charge my: Visa Master Card

Exp. Date: _____ Card Number: _____

Signature: _____

Return this application with payment to: Joyce Houle c/o Ocean Isle Museum Foundation,
21 E. 2nd St., Ocean Isle Beach, NC 28469