

BUFFALO NIAGARA HERITAGE VILLAGE MEMBERSHIP

**Print the form below and mail it (along with payment) to:
Buffalo Niagara Heritage Village, 3755 Tonawanda Creek Road, Amherst, NY 14228-1599**

PLEASE PRINT:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
E-mail address: _____

Please check the appropriate box below for the membership level you desire. Guild/Society Membership *includes* Museum Membership. You can also join more than one Guild for an additional fee.

I am renewing membership or joining (check one below):

- | | | |
|--------------------------|-----------------------------------------------------------|-------|
| <input type="checkbox"/> | Individual Museum Membership | \$20 |
| <input type="checkbox"/> | Family Museum Membership | \$35 |
| <input type="checkbox"/> | Patron (<i>Family + two free passes</i>) | \$50 |
| <input type="checkbox"/> | Supporter (<i>Patron + two special event passes</i>) | \$75 |
| <input type="checkbox"/> | Contributor (<i>Patron + four special event passes</i>) | \$100 |
| <input type="checkbox"/> | Quilt Guild | \$30 |
| <input type="checkbox"/> | Lace Guild | \$25 |
| <input type="checkbox"/> | Victorian Dance Society | \$25 |
| <input type="checkbox"/> | Quilt Guild + Lace Guild | \$40 |
| <input type="checkbox"/> | Quilt Guild + Victorian Dance | \$40 |
| <input type="checkbox"/> | Lace Guild + Victorian Dance | \$35 |
| <input type="checkbox"/> | Family Museum Membership + Quilt Guild | \$45 |
| <input type="checkbox"/> | Family Museum Membership + Lace Guild | \$40 |
| <input type="checkbox"/> | Family Museum Membership + Victorian Dance | \$40 |
| <input type="checkbox"/> | Family Museum Membership + Quilt Guild + Victorian Dance | \$55 |
| <input type="checkbox"/> | Family Museum Membership + Quilt Guild + Lace Guild | \$55 |
| <input type="checkbox"/> | Family Museum Membership + Lace Guild + Victorian Dance | \$50 |

TOTAL ENCLOSED \$ _____

Checks should be made payable to *Amherst Museum*

If paying by credit card, please fill out below:

Check one: _____ *MasterCard* _____ *Visa* _____ *Discover*

Cardholder's name: _____

Credit Card Number: _____

Expiration date: _____

Signature: _____