

Membership Form

Please print this form, fill in the information asked, and mail with your payment to

West Overton Museums
West Overton Village
Scottsdale, PA 15683

Name _____

Address _____

City, state, zip _____

Phone _____

E-mail _____

Please check the level of sponsorship you wish to contribute.

_____ Individual membership of \$15

_____ Family membership of \$30

_____ Sponsor membership of \$50

_____ Business membership of \$100-\$499

_____ Corporate or Major Donor membership of \$500-\$999

_____ Benefactor membership of \$1,000 or more

The Board, Staff and Volunteers wish to thank you for contributing to the continued preservation and operation of West Overton. We look forward to having you visit our site so that we may thank you in person.

Please make checks payable to **West Overton Museums**.