

Printable Charter Membership Form

Join As:

_____ Charter Member ___ Renew Membership ___ Gift Membership
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_____ \$1,000 (Leadership Circle) \$5,000 (Pioneer's Council)
_____ \$10,000 (President's Advisory Council) ___ Other \$ _____

Fill out the form below and mail it with your check (payable to NWHM) or credit card information to:

National Women's History Museum
205 S. Whiting Street, Suite 254
Alexandria, VA 22304

_____ My check for \$ _____ is enclosed.

_____ Please bill my American Express / MasterCard / Visa / Discover credit card:

Account # _____ Exp. date _____

Signature _____

My information:

Mrs. / Ms. / Miss / Mr. / Dr.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

_____ *This is a gift for:*

Mrs. / Ms. / Miss / Mr. / Dr.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

For more information, please contact the Museum at 703/461-1920, email at development@nwhm.org or visit our website at womenshistory.org.