

Membership Form

The Museum of American Heritage

Invention & Technology 1750 - 1950



Membership levels:

- | | |
|---|--|
| <input type="checkbox"/> Individual (\$35) | <input type="checkbox"/> Sponsoring (\$500) |
| <input type="checkbox"/> Family (\$50) | <input type="checkbox"/> Patron (\$1,000) |
| <input type="checkbox"/> Sustaining (\$100) | <input type="checkbox"/> Livermore Collector (\$2,500) |
| <input type="checkbox"/> Supporting (\$250) | |

First and last name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Your phone and email will help us if we have any questions regarding your membership.

☐ I wish to support anonymously, please do not publish my name.

Payment: ☐ Check* ☐ Credit Card

Name on Credit Card: _____

Credit Card #: _____ EXP. Date: _____ CVV: _____

Signature: _____

**Make checks payable to: MOAH*

A California Non-Profit Corporation

Federal ID #: 77-0106732

State ID #: 1280035

Mail checks and form to:

P.O. Box 1731, Palo Alto, California 94302-1731

Phone: (650) 321-1004

Fax: (650) 473-6950

Website: moah.org

Thank you for your becoming a MOAH member