

THE HERITAGE MUSEUM - 2017 MEMBERSHIP

The Heritage Museum is a 501(c)(3) organization.

Basic Benefits of Membership include:

- a membership card
- Subject to Museum Inc. by-laws, a vote on matters brought to the general membership at regular, annual or special meetings of the board or membership. (Applies to Members in Good Standing age 18 and over.)
- the knowledge that you support The Heritage Museum’s mission to preserve and interpret the history of the area.

_____ General Membership(s) - \$ 20.00 per person.....\$ _____

How many?

_____ Senior Membership(s) – Age 65 and over - \$ 10.00 per person.....\$ _____

How many?

Family Membership – for 1 or 2 Adults *plus* dependent children - \$ 45.00.....\$ _____

(Please list all dependent children’s names and ages below for Family Membership.)

Business Membership - \$ 50.00.....\$ _____

Corporate Membership - \$100.00.....\$ _____

Memberships and Partnerships at the following levels include a 10% discount on most items at The Heritage Museum Gift Shop (when valid membership card is shown) in addition to Basic Benefits.

Contributing Membership - \$ 50.00.....\$ _____

Sustaining Membership- \$ 100.00.....\$ _____

Heritage Partnership - \$250.00.....\$ _____

Endowing Partnership - \$500.00.....\$ _____

Lifetime Partnership- \$ 1500.00.....\$ _____

In addition to Basic Benefits and the 10% discount, Lifetime Partners will have a certificate placed in a book on display at the Museum entrance. A current Membership Card will be sent each year.

Please consider the Special Funding opportunities on the reverse side.

Special Funding (from reverse side) \$ _____

TOTAL ENCLOSED.....\$ _____

Return form to: The Heritage Museum, PO Box 628, Libby, MT 59923

Member Name(s):

Address:

Phone: _____

E-mail: _____

For Museum use only. We will not share your e-mail with anyone.

Check here if you would like the monthly minutes e-mailed to you. No e-mail? Check here and we can make other arrangements for you to receive the minutes.

Check box if you would you like a copy of the by-laws via e-mail.

For Business Memberships Only

Name of Business:

For Family Memberships Only

List dependent children’s names and ages here.

Child’s Name

Age

Please consider these Special Funding opportunities in addition to your membership:

\$ _____ Equipment, Locomotive and Railroad Fund: For the acquisition, repair, rebuild, preservation, and housing of equipment, the J. Neils and Heritage Museum Logging Railway, museum rolling stock, related structures, displays and their successful future operation

\$ _____ General Fund: (Unrestricted) For general museum upkeep, maintenance, daily operations, insurance, administrative support, costs of maintaining a website, improvements to buildings, displays, landscaping, utilities and grounds

\$ _____ Historic Preservation Fund: For necessary repairs, preparation and archival preservation of historic documents, photos, ephemera or artifacts and acquisition of special items, services and related supplies

\$ _____ Accessioned Vehicle Fund: For the restoration, repair, maintenance and insurance of the Model T Fords and other historical vehicles in the collection.

\$ _____ Memorial Fund: In honor or remembrance of beloved family members, friends, associates, events or pets

In Honor of _____ or In Memory of _____

Notification of memorial or honor will be sent if name and address provided here:

Name: _____

Address: _____

Donations to any fund may be made *In Honor of* or *In Memory of* another person.

The Heritage Museum is a 501(c)(3) non-profit organization. Contributions are generally tax deductible.

Did you know...

...this museum is run completely by volunteers?

...this museum relies on donations to operate?

...your membership and donation dollars, as well as your volunteer time, will keep this museum running?

Your donations are appreciated!!! Your volunteer time is appreciated also!!!

Return form to: The Heritage Museum, PO Box 628, Libby, MT 59923

Thank you!

For Museum Use: Total Received \$ _____ Cash or Check # _____ Date _____

Membership Card(s) Sent Date _____ Certificate Sent/Delivered Date _____

Special Funding Acknowledgement Sent Date _____

Memorial or Honorary Donation Notification Sent (if requested) Date _____

Entered in HR

Last Name: _____