FRIEND'S MEMBERSHIP APPLICATION

Please Put Me Down As A Friend:

Name/Business: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: ( ) _____ **Email:** _____

Level of Membership:

___ Friend.....$30	___ Supporter....$50-149	___ Silver..... $1,000-4,999
___ Student..... $20	___ Patron..... $150-499	___ Gold..... $5,000-9,999
___ Senior.....$20	___ Benefactor.. $500-999	___ Platinum. $10,000 and up
___ Family/Dual. $40		

Donation Amount: $_____

DONATIONS:

_____ I would like to make a gift of $_____ in honor/memoriam of:

Name/Business: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Method of Payment:

_____ Cash

_____ My check/money order to Delta Blues Museum is enclosed

_____ MC _____ Visa _____ Discover _____ AMEX _____ Diner's Club

Account Number:

Expiration Date:

		/		

Signature: _____ **Date**_____

For further information on the Friends of the Delta Blues Museum, call (662) 627-6820

Delta Blues Museum
P. O. Box 459
Clarksdale, MS 38614

Phone: **662.627.6820**
Fax: **662.627.7263**