



Ellwood House Museum Membership Application

Please print this form and mail to the address below with your payment.

Please check desired membership category:

_____ \$20.00	Individual	_____ \$250.00	Business Member
_____ \$30.00	Family	_____ \$250-\$499.00	Museum Sponsor
_____ \$50.00	Contributing	_____ \$500-\$999.00	Museum Patron
_____ \$100.00	Sustaining	_____ \$1,000 or more	Museum Benefactor

Memberships are annual and run from date of receipt of payment for one calendar year. Contributions above the basic individual and family memberships are tax-deductible to the full extent allowed by law.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

Enclosed is my check for membership dues in the amount of \$ _____

Please make your check payable to ***Ellwood House Association*** and mail to:

**Ellwood House Association
509 North First Street
DeKalb, IL 60115**

Thank you for your support of the many community education, exhibit and preservation programs of the Ellwood House Museum.