THE MUSEUM OF WESTERN FILM HISTORY

Membership Application

Please check the plan that best suits you and complete the following information. Be assured that all your personal information is kept confidential and that your e-mail will only be used to keep you informed on Museum news and promotions.

ANNUAL MEMBERSHIPS

☐ **Annual Individual #2240**	**$45**
☐ **Annual Individual Senior #2241** ***(65 or over)***	**$35**
☐ **Annual Couple #2242 ****	**$75**
☐ **Annual Couple Senior ** #2243** ***(65 or over)***	**$60**
☐ **Annual Family #2244**	**$85**
☐ **Annual Family Senior #2245** ***(65 or over)***	**$75**

LIFETIME MEMBERSHIPS

☐ **Lifetime Individual #2246**	**$600**
☐ **Lifetime Individual Senior #2247** ***(65 or over)***	**$500**
☐ **Lifetime Couple/Family ** #2248**	**$1000**
☐ **Lifetime Couple/Family Senior ** #2249**	**$850**

BUSINESS MEMBERSHIPS

☐ **Annual Business #2239**	**$100**

Members in Good Standing as of October 1 qualify for discounts at the annual Lone Pine Film Festival.

Active Members also qualify for discounts in the Museum Store.

All proceeds from membership benefit the Museum of Western Film History.

Mail Membership Form to:
Museum of Western Film History
PO Box 111
Lone Pine, CA. 93545

** *Couples: Two individuals at the same address*

Family memberships are defined to include immediate family members living at the same residence . **DATE:** _____

Name(s): PLEASE PRINT _____ NEW ☐ RENEWAL ☐

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Payment Options: ☐Check or ☐Credit Card

Amount Enclosed: _____ Make checks payable to: Museum Of Western Film History
PO Box 111, Lone Pine, CA 93545

Credit Card Number: _____ - _____ - _____ - _____ Expires:_____

Signature _____ Date: _____

Please Print Name _____

Rev: November 2022 RWS