



## MEMBERSHIP FORM

I WOULD LIKE TO BECOME A MEMBER \_\_\_\_\_

I WOULD LIKE TO RENEW AN EXISTING MEMBERSHIP \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### MEMBERSHIP LEVEL

Family	\$35 ____	Patron	\$250 ____
Individual	\$25 ____	Sponsor	\$500 ____
Student	\$15 ____		
Sustaining	\$100 ____	Life Membership	\$2,000 ____

PAY BY CHECK: Make checks payable to the Greater Reedville Association.

PAY BY



VISA



: Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Three-digit security code \_\_\_\_\_

Name on card \_\_\_\_\_

PRINT AND MAIL THIS FORM TO : Reedville Fishermen's Museum, PO Box 306,  
Reedville, VA 22539

OR FAX TO : 804-453- 7159