



Membership Renewal Form

Please make any corrections to the information listed below and return this portion with your payment:

Check the membership you wish to renew:

- College Student \$35
- Senior \$35
- Senior Dual \$40
- Individual \$40
- Dual \$50
- Family \$65
- Cornerstone \$160
- Corporate \$250

Member Name(s): _____

Children's/Grandchildren's names (under age 18, for Family and Cornerstone memberships only):

Mailing Address: _____

Phone: _____ Email: _____

Method of Payment: Check (made payable to Oshkosh Public Museum) Cash

Charge my Credit Card (circle): MasterCard | Visa | Discover

Credit Card Number: _____ Exp. Date: _____

Signature (only if paying by credit card): _____

If paying by credit card, the name and mailing address must match your billing address.

All memberships are tax-deductible as allowable by Wisconsin state law.

Please include this donation of \$_____ included with my membership renewal.

Thank you for renewing your Oshkosh Public Museum Membership!

Office Use:

Date Received: _____

Check or Credit Card Reference Number: _____

Total Received: Membership \$_____ Donation \$_____