

Membership Application

Please print out and mail with your dues to:

Neville Public Museum Foundation, Inc.

PO Box 325

Green Bay, WI 54305-0325

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

Email _____

Membership Categories:

\$ 30 Individual (free admission for member)

\$ 50 Family (free admission for 2 adults and their children/grandchildren under 18 years of age)

\$100 Pioneer (free admission for 2 adults and 4 guests)

\$250 Explorer (free admission for 2 adults and 4 guests)

\$350 Entrepreneur (free admission for 2 adults and 4 guests)

\$500 Adventurer (free admission for 2 adults and 4 guests)

\$600 Corporate (free admission for 2 adults and 4 guests)

My dues are enclosed

Please charge to my: Mastercard Visa

Credit Card # _____

Credit Card Expiration Date _____

Signature _____

(Required for Credit Card purchase.)