

National Museum of Forest Service History Membership Application

Fill out, detach, and mail to:

**National Museum of Forest Service History,
P.O. Box 2772
Missoula, MT 59806-2772**

Name: Mr. ___ Ms. ___ Dr. _____

Address: _____

City/State/Zip: _____

Daytime Ph: _____

E-mail: _____

Membership is: ___ New or ___ Renewal

Profession*: _____ Age*: _____

Income Range*: _____/yr Education Level*: _____

* These are optional

<u>Membership Categories</u>	<u>Annual Dues</u>
Individual	\$30 or more
Family	\$55 or more
Contributing	\$150 or more
Sustaining	\$300 or more
Life	\$1000 or more