Abbe Museum Membership Enrollment Form

☐ New member ☐ Renewing member ☐ Gift membership

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr. & Mrs. ☐ Dr. ☐ None

Name(s) to appear on your membership card(s)

Name(s) to appear in Abbe publications (if different)

Address City State Zip

Home Phone Business phone E-mail

Note: E-mail addresses will be kept strictly confidential.

Seasonal address from _____ to _____

Address City State Zip

Enclosed is payment for the following membership category:

☐ Individual $40	☐ Household $65	☐ Sweetgrass Circle: $125*
☐ Birchbark Circle $300*	☐ Brown Ash Circle $500*	☐ Quillwork Circle $1,500*
☐ Root Club Circle $2,500*	☐ Lifetime Circle $5,000*	

☐ *Please send a complimentary Individual Gift Membership to the following person, as a benefit of my membership. (Available only to members in the following categories: Sweetgrass Circle, Birchbark Circle, Brown Ash Circle, Quillwork Circle, Root Club Circle or Lifetime Circle.)

- OR -

☐ I would like to purchase a gift membership for the following person, and am enclosing payment in the amount of $ _____

Name to appear on membership card

Address City State Zip

☐ I am making an additional tax-deductible donation of $ _____. (Your gift may be doubled when it is matched by your employer. Please contact your Human Resources Department.)

☐ My check payable to the Abbe Museum is enclosed.

☐ Please charge my: ☐ MasterCard ☐ Visa

Card Number _____ Exp. Date _____

Signature _____

Abbe Museum, PO Box 286, Bar Harbor, ME 04609