



# Shinnecock Nation Cultural Center and Museum

PO Box 5059, Southampton, NY 11969, Phone: (631) 287-4923 / Fax: (631) 287-7153

## ANNUAL MEMBERSHIP FORM

**PLEASE CHECK ONLY ONE MEMBERSHIP LEVEL:**

**Basic Memberships:**

Individual.....\$45

Family (2 adults & children)...\$75

**Supporting Members**

Donor.....\$100

Patron.....\$250

**Sustaining Members**

Contributor .....\$500

Benefactor.....\$1000

**Director's Circle**

President's Circle.....\$5,000 (& up)

Membership is  New  Renewal

\$ \_\_\_\_\_ Membership dues

\$ \_\_\_\_\_ Friendly donation

\$ \_\_\_\_\_ Bequest

\$ \_\_\_\_\_ **Total Payment**

Please make check or money order payable to:

**"Shinnecock Nation Cultural  
Center and Museum"**

**P.O. Box 5059**

**Southampton, N.Y. 11969**

**MEMBER INFORMATION**

\*NAME (Adult 1): \_\_\_\_\_

NAME (Adult 2): \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*PHONE: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

Quick Survey

Where did you hear about us? \_\_\_\_\_

Which benefit are you most interested in?: \_\_\_\_\_

\*Required fields. Personal information will never be sent to third party marketers.

**GIFT MEMBERSHIP INFORMATION**

\*NAME (Recipient): \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*PHONE: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

PERSONAL MESSAGE: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION INFORMATION**

\*Cardholder's Name: \_\_\_\_\_

Company Name (If Applicable): \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

(Line 2): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Country: \_\_\_\_\_

Card Type: (MasterCard or Visa ONLY) \_\_\_\_\_

\*Card Number: \_\_\_\_\_

\*Expiration Date (MM/YYYY): \_\_\_\_ / \_\_\_\_

Amount to be Paid by Credit Card: \$ \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_