



## Membership Registration Form

Please complete this form and return to NHTM with appropriate payment.

### Member Information

Mr. & Mrs., Mr., Mrs. Ms. \_\_\_\_\_  
*(circle one)*

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please list additional immediate family members if applying for family membership \_\_\_\_\_

Today's Date \_\_\_\_\_

### Membership Level (please check one)

- |                          |                         |       |
|--------------------------|-------------------------|-------|
| <input type="checkbox"/> | Senior/Student*         | \$20  |
| <input type="checkbox"/> | Individual              | \$25  |
| <input type="checkbox"/> | Family                  | \$40  |
| <input type="checkbox"/> | Nonprofit Institutional | \$60  |
| <input type="checkbox"/> | Benefactor              | \$100 |
| <input type="checkbox"/> | Corporate               | \$250 |

*All membership gifts are tax deductible to the extent allowed by law.*

\*Student = Enrolled fulltime in post-secondary school; Senior = Age 60+

### Payment Information

Cash                       Check                       MasterCard                       Visa

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

If paying by check, please make payable to **New Hampshire Telephone Museum** and mail to PO Box 444, Warner NH 03278. Completed registration forms can be faxed to 603-456-2422.

Membership cards will be issued. Please allow 2 weeks for delivery.

**Thank you for your support!**