

**PLIMOTH PLANTATION
Library Membership Program**

Organization: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Membership Categories:

(Please select one of the following.)

Family Pass (Entitles up to two adults and two children to reduced admission each day during our open season.)
\$425.00

Adult Pass (Entitles up to four persons to reduced admission each day during our open season.)
\$550.00

My check, made payable to Plimoth Plantation, is enclosed.

Charge to: MasterCard # _____ expires _____

 Visa # _____ expires _____

 Discover # _____ expires _____

 American Express# _____ expires _____

Print Name of cardholder: _____

Signature: _____

Please complete this form and return to:

Membership Department
Plimoth Plantation
P.O. Box 1620
Plymouth, MA 02362

We will call you to confirm your request and make arrangements to send promotional materials. Please do not hesitate to contact Trudy Avery in the Membership Office at (508) 746-1622, ext. 8213 should you have any questions or require additional information. Again, thank you for your interest in our programs. We appreciate your support.

THIS OFFER IS VALID ONLY TO RECOGNIZED LIBRARIES.