

PLIMOTH PLANTATION

Membership Form

Circle one: Mr. Mrs. Miss Ms. Dr.

Name(s):

Street/Mailing Address:

Address line 2:

City:

State/Province:

Zip/Postal Code:

Home Telephone:

Work Telephone:

Email Address (if available):

Please enroll me/us in the category circled:

Individual

1 year: \$45

3 year: \$90

One plus One

1 year: \$60

3 year: \$120

Family

1 year: \$115

3 year: \$230

Number of Adults:

Number of Children:

Friend

1 year: \$25

3 years: \$60

Plymouth Resident

1 year: \$35

3 year: \$80

Number of Adults:

Number of Children:

Contributing

1 year: \$175

3 year: \$350

Circle one: Family One plus One

Supporting:

1 year: \$275

3 year: \$550

Benefactor

1 year: \$500

Life:

\$3,000

Payment Method:

Charge to my credit card ***within two weeks of receipt of form:***

MasterCard_____ Visa_____ Discover_____ Amex_____

Card Number: _____

Expiration Date: _____

Signature: _____

OR

Make check payable to Plimoth Plantation

Amount of check enclosed: \$_____ Date:_____

Print out and mail to:

Plimoth Plantation Membership Office

PO Box 1620

Plymouth, MA 02362-1620