



Application for Membership

Select a membership level:

- STUDENT \$25
- SENIOR \$30 (55+)
- INDIVIDUAL \$35
- FAMILY \$40
- SUSTAINING \$75
- CONTRIBUTOR \$100
- DONOR \$500
- PATRON \$1,000
- \$5—ADD FOR INTERNATIONAL MEMBERSHIP

Select a payment method:

- CHECK OR MONEY ORDER ENCLOSED
- CHARGE: MASTERCARD VISA DISCOVER

CARD NUMBER:

SIGNATURE: _____ | EXP. DATE: _____

Member Information:

MEMBER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

Is this a Gift Membership? If so, a card will be sent notifying the recipient of your gift.
Please give information below:

GIFT GIVER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please print and mail to:

CAHOKIA MOUNDS MUSEUM SOCIETY
30 RAMEY STREET
COLLINSVILLE, IL 62234
618 344-7316