

Here are the benefits our Museum Members receive: (BENEFITS APPLY TO 1 & 2 YEAR MEMBERSHIPS)

	Educator: \$40/\$70	Family: \$60/\$105	Individual: \$40/\$70	Military: \$48 (1 Yr Only)	Family Friend: \$125/\$225	Friend of Museum: \$75/\$135	Contributing: \$250/\$450	Supporting: \$500/\$900	Patron: \$1,000/\$1,800
Unlimited free admission—2 adults & children/grandchildren under 18	●	●	●	●	●	●	●	●	
Unlimited free admission—1 adult			●			●			
Unlimited free admission, Member & 1 adult	●								
<i>Native Visions</i> , calendar of events members' magazine	●	●	●	●	●	●	●	●	
20% discount on admission for guests	●	●	●	●	●	●	●	●	
10% discount at the Museum gift shop	●	●	●	●	●	●	●	●	
10% discount at the Museum restaurant	●	●	●	●	●	●	●	●	
Free admission to Green Corn Powwow	●	●	●	●	●	●	●	●	
50% discount to <i>Native People's</i> magazine	●	●	●	●	●	●	●	●	
Members-only tours/trips	●	●	●	●	●	●	●	●	
Special meal discounts at area restaurants	●	●	●	●	●	●	●	●	
The Spa at Norwich Inn Discount									
Rooms: 50% off overnight rates: Sunday–Thursday					●	●	●	●	●
Catering services: 10% off banquet services: Sunday–Friday					●	●	●	●	●
Bathhouse entrance fee waived with any spa service purchase							●	●	
Pequot Museum souvenir book							●	●	
Complimentary subscription to <i>Native People's</i> magazine							●	●	
20% discount on all Membership tours/trips								●	
Two (2) free guest passes to the MPMRC				●	●				
Six (6) free guest passes to the MPMRC						●			
Eight (8) free guest passes to the MPMRC							●		
Twenty (20) free guest passes to the MPMRC								●	

All information/benefits is subject to change without notice.
A portion of your Membership is tax-deductible to the full extent of the law.

YES. I WANT TO BECOME A MUSEUM MEMBER.

Please complete the following information: New Renew Gift*

Name of New Member(s):

Mr, Mrs, Ms _____ DOB _____
 Mr, Mrs, Ms _____ DOB _____
 Child 1 _____ DOB _____
 Child 2 _____ DOB _____
 Child 3 _____ DOB _____
 Child 4 _____ DOB _____
 Child 5 _____ DOB _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Business phone _____
 Email _____
 No. of children/grandchildren _____

Membership Level (please check one):

Individual	1 YEAR <input type="checkbox"/> \$40	2 YEAR <input type="checkbox"/> \$70	Family Friend	1 YEAR <input type="checkbox"/> \$125	2 YEAR <input type="checkbox"/> \$225	Supporting	1 YEAR <input type="checkbox"/> \$500	2 YEAR <input type="checkbox"/> \$900
Friend	<input type="checkbox"/> \$75	<input type="checkbox"/> \$135	Military	<input type="checkbox"/> \$48		Patron	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,800
Family	<input type="checkbox"/> \$60	<input type="checkbox"/> \$105	Contributing	<input type="checkbox"/> \$250	<input type="checkbox"/> \$450			

I'd like to make a donation in the amount of \$ _____

Pay by Check

\$ _____ Amount of membership level
 \$(_____) Minus admission applied**
 \$ _____ Total membership due
 \$ _____ Donation
 \$ _____ Grand total due
 **Valid up to 3 months from receipt date. Some restrictions apply.
 Check enclosed \$ _____ Check no. _____

Pay by Credit Card

Please bill: Mastercard Visa
 Account number: _____ Exp. date _____
 Signature: _____

*This Membership is a Gift From:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____ @ _____
 Please send gift package to: Me New member
 Please send next year's bill to: Me New member

For Internal Use Only:

RE Processed
 Date Rec'd VS Rep