NATIONAL COWBOYS OF COLOR MUSEUM AND HALL OF FAME

Membership Application

Select One: _____ New _____ Gift

Select One: _____ Ms. _____ Miss _____ Mrs. _____ Mr. and Mrs. _____ Dr. _____ Dr. and Mrs.

Name: _________________________________________________________________________________

Address: _______________________________________________________________________________

City: ______________________________________ State: ___________ Zip: ___________

Home Phone: ___________________________ Office Phone: _____________________________

Email: ___________________________________________________________________________

This is a gift membership from:

Name: _______________________________________________________________________________

Address: ______________________________________________________________________________

City: ______________________________________ State: ___________ Zip: ___________

Home Phone: ___________________________ Office Phone: _____________________________

Email: ___________________________________________________________________________
Send gift announcement to: _____Recipient  _____Me  (Select one)

I would like the gift announcement to read: (attach if needed)

Send renewal notice to: _____Recipient  _____Me  (Select one)

Please activate membership:  _____Now  or on ___/___/___

**Membership Categories:** (Select one)

- _____Individual - $50.00
- _____Family - $75.00
- _____Student - $20.00
- _____Lifetime Individual Membership - $750.00
- _____Non-Profit Corporation - $250.00
- _____Corporate Wrangler - $2,500.00
- _____Corporate Partner - $5,000.00

I would also like to make a contribution to help support the Museum Building Fund in the amount of $_________________________

**Matching Gift:**
My Company, ________________________________ has a matching gift program.

- _____Form enclosed    _____Form will be mailed/faxed

**Method of Payment:**

- Enclosed is my check or money order for $____________________________
  (Please make check payable to NCCMHP)

- Please charge $____________________ to my credit card
  _____Visa   _____MasterCard   _____American Express   _____Discover

  Name on card _____________________________________________________________________
  Account Number ____________________________ 3-Digit Code on Back of Card ________
  Expiration Date ___/___/___

  Signature of Cardholder ___________________________________________________________

The National Cowboys of Color Museum and Hall of Fame is a 501(c)(3) non-profit organization.