

**Buffalo Bill Museum of LeClaire
2011 Membership**

Name(s): _____

Children included if Family Membership: _____

Mailing Address:

City: _____ **State:** _____ **Zip code:** _____

Home telephone: () _____ - _____

Other telephone () _____ - _____

Email address (To receive announcements of special events and news from the museum; it will not be shared with other organizations, vendors, or other members):

Membership Category:

Individual (\$10) _____

Family (\$20) _____

Couple (\$15) _____

“Yes! I would like to make a donation in the amount of:

\$_____ towards the “Statue Fund;” and \$_____ for unspecified purposes.

“And yes, I’d also like to talk to someone about volunteering! Please contact me!”

Please make checks payable to “The Buffalo Bill Museum” PO Box 284, LeClaire IA 52753

*Your membership entitles you to free admission throughout the year, so visit often .
.there’s always something new (old?!) to see at the Buffalo Bill Museum!*