



**Please complete this form with the information for your Membership.**

Full Name of person(s) to receive the membership:

(Please circle one) Dr. /Ms. /Mrs. /Mr. \_\_\_\_\_

If applicable, Second Name to be on the Membership:

(Please circle one) Dr. /Ms. /Mrs. /Mr. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

My payment method is:

- Enclosed check made payable to the Bruce Museum  
 Mastercard  VISA  American Express

Card #: \_\_\_\_\_ CSV: \_\_\_\_\_

Expiration date: \_\_\_\_\_

If you are giving this **membership as a gift**, please provide YOUR OWN mailing info below so we may send you a tax receipt:

Ms. /Mrs. /Mr. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_