**Send in Your Membership for 2024**

**Basic Membership**

Individual $15

Couple $20

Family $25

**Business**

Lead (Pb) $30

Zinc (Zn) $50

Silver (Ag) $100

Gold (Au) $500

Platinum (Pt) $1000

**Make an additional donation**

**to a special fund**

General Operating Fund

Renovation Fund

Newsletter

Memorial Brick

Make checks payable to:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff House Museum**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail to:

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_ **PO Box 783**

Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_ **Kellogg, ID 83837**

C:\Users\Ric C\Documents\SH Musem Logo 3.jpgEmail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The museum is a 501(c) (3) non-profit organization. Donations may qualify for a tax credit.

**Memorials** – **General**

Memorial donation for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $ \_\_\_\_\_\_\_

Whom to notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Memorial Bricks**

Memorial Bricks have cavities for bronze plates to be engraved as memorials or tributes to family members and or friends. They are for sale at **$60 each**. The bricks are placed in the landscape area of the Nordberg Compressor behind the Museum. A limited number of spaces currently remain available at the east end of the compressor pad.



Memorial Brick Engraving Limit 2 lines of 17 spaces per line.

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**Credit Card Information**

**Card Type: Mastercard VISA Discover AMEX**

**Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Expiration Date** (mm/yy)**\_\_\_\_\_\_\_**

**Cardholder Name** (as shown on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cardholder ZIP Code** (from credit card billing address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Shoshone County Mining Museum

Customer Signature

to charge my credit card above for agreed upon purchases. Date: \_\_\_\_\_\_\_\_\_\_\_