

2024 MEMBERSHIP

(Good through December 31, 2024)

D. A. VARNADO STORE MUSEUM

WASHINGTON AREA FOUNDATION

"Preserving the Past for Future Generations"

Circle one: RENEWAL NEW MEMBER

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

(Please check box that applies)

- | | |
|---|-----------|
| _____ Individual Annual Membership | \$ 25.00 |
| _____ Family Annual Membership | \$ 35.00 |
| _____ Corporate Annual Membership | \$ 100.00 |
| _____ Institutional/Organization Membership | \$ 100.00 |
| _____ Bronze Level Annual Membership | \$ 300.00 |
| _____ Silver Level Annual Membership | \$ 500.00 |
| _____ Gold Level Annual Membership | \$1000.00 |
| _____ Full Time Student Annual | \$ 5.00 |
| _____ Teacher's Circle Annual Membership | \$ 25.00 |

My Membership Dues of \$ _____ are enclosed.

(Circle one please) CASH / CHECK # _____

THE MUSEUM IS A 501 (c)(3) NON-PROFIT ORGANIZATION

I wish to contribute in HONOR/MEMORY (circle one please) OF:

Notification of HONORARY or MEMORIAL donation mailed to:

D. A. Varnado Store Museum

P. O. Box 184

Franklinton, LA 70438

Thank you for your support!!!!