



Membership Application

Please print this page and return this form, along with your Membership dues, to:

***El Paso Holocaust Museum and Study Center
715 N. Oregon,
El Paso, Texas 79902***

Or, if you would prefer to have us send you a membership brochure, please call 915-351-0048.

Yes! I want to be a Member.

___ **\$18 Student Member**

___ **\$25 Educator Member**

___ **\$35 Individual Member**

___ **\$50 Family Member**

Official Museum membership card
Subscription to Museum quarterly newsletter
10% discount at a Museum-partner bookstore
Invitation to Museum Annual Meeting and select special events

___ **\$100 Bronze Member**

All Individual Member benefits, plus:
Invitation and reserved seating to "Members Only" events

___ **\$250 Silver Member**

All Bronze Member benefits, plus:
Invitation to selected exhibit previews

___ **\$500 Gold Member**

All Silver Member benefits, plus:
Name listed in selected Museum publications

\$1,000 Platinum Member

All Gold Member benefits, plus:

Free admission and reserved seating to selected events

Mr. Mrs. Ms. Mr. and Mrs. Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day-time Phone: _____

Email address: _____

My check is enclosed payable to the El Paso Holocaust Museum \$ _____

Or

Please charge my credit card \$ _____

MC VS AX DC

Account # _____

Exp. Date _____

Signature _____

Or

Please bill me for \$ _____ on the following months:

Jan Feb Mar Apr May Jun

Jul Aug Sept Oct Nov Dec

My membership dues will be matched by the following company:

_____ in the amount of: _____

In addition to my Membership dues, I am including an additional gift to support

the Museum's Building Fund. \$ _____

In Museum publications, I would like my (our) name(s) to be listed as:

Thank you for your support!