

Overfield Tavern Museum Membership Form "Troy's Original Gathering Place."

Please Print & Fill Out Completely									
Name:			Address:						
Phone:			City:		State:		Zip:		
Email Address:									
Membership funds are used to support the ongoing preservation of the Overfield Tavern as well as to support the museum's exhibits, educational programs, and general operating expenses. Your membership donation is tax deductible, as the Overfield Tavern Museum is a 501(c)(3) non-profit organization; Federal Tax ID number 31-1337433.									
Please Select One of the Following Membership Levels:									
* Invitations to members-only events and exhibit openings			dual Membership – \$30 per year e benefits as Student Membership S~ off museum merchandise			* Same benefits as Individual Membership (Membership automatically renews in perpetuity)			
* Same benefits as individual * Same bene			nefits as Ind p (Members	pership – \$450 ividual ship automatically	* Same benefits as Student Membership (Available to low-income individuals and families receiving WIC, EBT, or Medicaid; requires ID and proof of status)				
Supporter – \$100 per year * Same benefits as Individual Membership ~PLUS~ * 2 free guest admissions per visit Founder – 5 * Same ben Membership * Additional (15% total d			nefits as Sup p ~PLUS~ 5% off mus		Legacy – \$1,000 per year * Same benefits as Founder Membership ~PLUS~ * Additional 5% off museum merchandise (20% total discount) * Unlimited free guest admissions				
1808 Society – \$2,500 per year * Same benefits as Legacy Membership ~PLUS~ * Additional 5% off museum merchandise (25% total discount) * Private table for 8 at the annual Yuletide Dinners * Recognition in traditional and online media				Complete this form and send it in with your contribution to: Overfield Tavern Museum 201 E. Water Street Troy, OH 45373					
Credit Card Information:									
We are happy to accept checks made payable to Overfield Tavern Museum or you can pay by credit or debit card by completing the information below.									
Name On Card:				Card number:					
Exp Date:				CVV On Back:					
VISA MASTERCARD AMEXP				Amount To Charge:					
Signature:							Date:		