

2024/2025 MEMBERSHIP FORM (May 1, 2024 - April 30, 2025)

Please Provide Your Contact Information:

Name: First	Last		
Other names if Family Membership:			
Mailing Address			
City	_ State	_ Zip Code	
Telephone	Cell		
Email Address			
Individual Membership \$20.00	Family Membe	rship \$35.00_	
Sustaining Membership \$100	Lifetime Memb	ership \$500 _	
I would like to give an additional donat	ion in the amount of \$_	Tot	tal:
Check enclosed, payable to MainCharge my credit card #	e Forestry Museum	CSV	Exp. Date
Signature			
Please write check payable to Maine Forest	try Museum - Mail to: Mair	ne Forestry Mus	seum, PO Box 154, Rangeley

(If you would like a membership card, please include a SASE with your membership form)

Maine Forestry Museum, PO Box 154, 221 Stratton Road, Rangeley, ME 04970 (207) 864-3939 www.MaineForestryMuseum.org