

## CLARA BARTON BIRTHPLACE MUSEUM ANNUAL 2017 MEMBERSHIP

Museum membership offers you an opportunity to learn about the founder of the American Red Cross through tours, volunteer activities, and educational programs. Your membership dues support ongoing preservation and care of the historic home and its collections.

### *Basic Member Benefits:*

- Complimentary admission for regular tours
- Advance notice of educational programs for adults and children
- Advance notice of special events
- 10% discount on gift shop purchases
- Invitation to "members only" events

### Membership Categories:

#### **Individual Membership - \$20.00 annually**

Complimentary admission for member and one guest plus all basic benefits.

#### **Family Membership - \$30.00 annually**

Complimentary admission for your family (limit 5) plus all basic benefits.

#### **Clara Barton Birthplace Founding Membership - \$100.00 annually**

Entitled to all benefits of Family Membership. Acknowledged at the Birthplace as a Founding Member. Acknowledged on the website and annual report. Invitation to "members only" annual reception held each fall.

#### **Clara Barton Humanitarian Lifetime Membership - \$1,000.00**

Entitled to all benefits listed in Founding Membership for life. Acknowledged as Lifetime Member at the Birthplace. Acknowledged on the website and annual report. Invitation to "members only" annual reception held each fall.



*"Think only of the need and the impossible is accomplished."*

Clara Barton 1821-1912

*Street Address:* 66 Clara Barton Road  
North Oxford, MA 01537

*Mailing Address:* PO Box 356  
North Oxford, MA 01537-0356

*Telephone:* 508-987-2056, Ext. 2013

*Website:* [www.clarabartonbirthplace.org](http://www.clarabartonbirthplace.org)

To become a member, please complete the form below and return to the above mailing address.

Please make checks payable to the Clara Barton Birthplace Museum.

Membership Category:  Individual \$20     Family \$30     Founder \$100     Lifetime \$1,000

Method of payment:  Check enclosed     MasterCard     Visa     Cash

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit Verification # \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Thank you for supporting The Clara Barton Birthplace Museum!