

Date: \_\_\_\_\_  
Processed by: \_\_\_\_\_  
Order # \_\_\_\_\_



## AMERICA'S CAR MUSEUM®

# Membership Form

New Membership \_\_\_\_\_ Renewal \_\_\_\_\_ Member # \_\_\_\_\_

<b>Name as it will appear on membership card</b>	<b>Second card name (Family and above)</b>
Mr./Mrs./Ms./Dr. _____	Mr./Mrs./Ms./Dr. _____
Mailing Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
<input type="checkbox"/> Updated contact information?	

Membership Categories		Sales Information
<input type="checkbox"/>	Individual \$40	<input type="checkbox"/> 10% State Farm/Hagerty Insurance Discount
<input type="checkbox"/>	Dual \$80	
<input type="checkbox"/>	Family \$95	<input type="checkbox"/> 10% AAA Discount
<input type="checkbox"/>	Bronze Key \$120	
<input type="checkbox"/>	Silver Key \$300	<input type="checkbox"/> 10% Senior/Military/Student Discount
<input type="checkbox"/>	Gold Key \$600	
<input type="checkbox"/>	Club Auto \$1,200	

**Is this Membership a Gift?**

**Gift Card #** \_\_\_\_\_

Purchaser Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Visa\_\_ Mastercard\_\_ AmEx\_\_ Card # \_\_\_\_\_ Exp \_\_\_\_\_

Amount\$ \_\_\_\_\_ CVC# \_\_\_\_\_