Museum Membership Form

Please complete information below, print page, include check, and mail to:

Museum of Nursing History
St. Benilde Tower- Third Floor
1900 W. Olney Avenue
Philadelphia, PA 19141-1199

Annual Membership Dues Schedule

☐ $50 Individual    ☐ $20 Student    ☐ $20 Retired

☐ $200 Organizational    ☐ $50 Retired Nurses' Group

You may earmark donation to general fund or specific project/ event.

All contributions to the Museum of Nursing History are Tax Deductible

Name/Organization/ Group: ______________________________________________________________

Title/Position: ___________________________ Credentials: __________________________

Address: ____________________________________________________________

___________________________________________________________________________

Phone or Cell: ___________________________ Email: __________________________

I am also interested in participating in the following museum activities:

☐ Artifacts/documents to donate    ☐ Accessions/archival activities

☐ Contact me    ☐ Committee member