



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