



MEMBERSHIP APPLICATION

Friends of the Haffenreffer Museum of Anthropology

Name: _____ Phone: _____
(as you'd like for it to appear on membership card)

Address: _____

Email: _____
(An email address is required to receive announcements for Museum events and exhibit openings)

This is a: ___ New Membership ___ Renewal, Member ID# _____

General Membership Categories:

- ___ FREE Brown/RISD student
- ___ \$15 Student, other
- ___ \$25 Individual
- ___ \$30 Dual/Couple
- ___ \$35 Family

Donor Circle Categories:

- ___ \$50-\$99 Contributing Member
- ___ \$100-\$249 Saville Society
- ___ \$250-\$499 Giddings Society
- ___ \$500-\$999 Mount Hope Society
- ___ \$1,000+ Haffenreffer Society

___ This membership is a gift for:

Name: _____ Phone: _____

Address: _____

Print this form and mail along with your check to:
Haffenreffer Museum of Anthropology
300 Tower Street
Bristol, RI 02809

Please allow two to three weeks for processing