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