



## Membership Application

Your Name: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Membership Level: \_\_\_\_\_

### Membership Levels

- |  |         |
|--|---------|
| <input type="checkbox"/> Orange Picker           | \$35    |
| <input type="checkbox"/> May Garner Society      | \$50    |
| <input type="checkbox"/> Maple Leaf Society      | \$100   |
| <input type="checkbox"/> Walter Jones Society    | \$500   |
| <input type="checkbox"/> St. Johns River Society | \$1,000 |

Please send me information on becoming a volunteer

Make checks payable to: The Mandarin Museum & Historical Society

Mail to: Mandarin Museum & Historical Society  
P.O. Box 23601  
Jacksonville, Florida 32241

We thank you for your support.

Any questions please feel free to call (904)268-0784