



- ☐ **I want to be a member.**
- ☐ **I want to volunteer.**
- ☐ **Both**
- (PLEASE PRINT)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Choose A Membership Level

- ☐ STUDENT MEMBERSHIP \$5 yr.
(Full time student under the age of 25)
- ☐ INDIVIDUAL MEMBERSHIP \$25 yr.
- ☐ FAMILY MEMBERSHIP \$35 yr.
- ☐ VOTING MEMBERSHIP \$100 yr.

Make checks payable to/mail to:
Easley Area Museum Inc. PO Box 205
Easley, SC 29641
Or drop off during open hours.

Choose A Volunteer Interest

(check all that apply)

- ☐ DOCENT/FRONT DESK
- ☐ SPECIAL EVENTS
- ☐ OFFICE/ADMINISTRATIVE
- ☐ ADVOCACY
- ☐ LANDSCAPING/GARDENING
- ☐ BUILDING MAINTENANCE
- ☐ SPECIAL COMMITTEE
- ☐ RESEARCH