

The Fort Devens Museum
A 501 (c) (3) organization
Membership Form

Name: _____

Address: _____

Telephone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Annual Membership

Corporate	\$1500
Business	\$ 500
Patron	\$ 300
Sustaining	\$ 100
Non-Profit	\$ 75
Family	\$ 40
Individual	\$ 25
Seniors	\$ 20
Active Military	\$ 20

Please make checks payable to:
The Fort Devens Museum

Print this form and mail to:
The Fort Devens Museum
94 Jackson Road, Suite 305
Devens, MA 01434