



The National Neon
SIGN MUSEUM

PO Box 2007
The Dalles, OR 97058
(541) 370-2242

Membership Application

Personal Information

Name: _____ (First) _____ (Last)
Mailing Address: _____ (Line #1)
City: _____ State: _____ Zip: _____
Phone #: (_____) _____ - _____
Email: _____

Additional Family:

Family #2 Name: _____ (First) _____ (Last)
Family #3 Name: _____ (First) _____ (Last)
Family #4 Name: _____ (First) _____ (Last)
Family #5 Name: _____ (First) _____ (Last)
Family #6 Name: _____ (First) _____ (Last)

Type of Membership:

Individual-Just You	\$59.00	<input type="checkbox"/>
Dual-Two of You	\$79.00	<input type="checkbox"/>
Family-Two of You & Children (Household Only)	\$119.00	<input type="checkbox"/>
Business Partner (Web Listing)	\$500.00	<input type="checkbox"/>
Patron-Business Level (Event Included)	\$1,250.00	<input type="checkbox"/>

Payment Information:

Check #: _____ Date: _____ Last Name: _____
Credit Card #: _____ Exp.: _____ CVC: _____

Office:

Date Processed in Square: _____ Employee: _____
Date Membership Mailed: _____ Employee: _____
Date Membership Filed: _____ Employee: _____