



Membership Application:

Please Print:

Last Name _____

First Name _____ Middle Initial _____

Street Address _____ Apartment _____

City: _____ State: _____

Zip Code _____ - _____ Phone Number _____ - _____ - _____

e-mail _____

North Star Museum
2640 E. Seventh Avenue
North St. Paul, MN 55109

Levels We can bill you for amounts which total over \$60.00 per year.

Please bill me \$_____ on a ___ Monthly ___ Quarterly ___ Semi-annual basis.

I have enclosed my first payment. Signed _____

Or enclosed is a one time payment for:

Friend ___ \$ 5 ___ \$ 10 ___ \$ 15 ___ \$ 20 ___ \$ 25 ___ \$ 30

Individual Member ___ \$35 **Family/Unit/Business Member** ___ \$50

Century Member ___ \$100 **Patron Member** ___ \$200

Sponsor Member ___ \$500 **Guardian Member** ___ \$1,000

Other _____

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