

## Membership Application

YES! Please submit the following name(s) for membership with the Brandywine Battlefield Park Associates for one year:

New  Renewal

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Lifetime \$3,250  Contributor \$85

Corporate \$1,200  Family \$55

Guardian \$565  Individual \$35

Patron \$260  Non-Profit \$15

Benefactor \$145

I wish to make an extra, tax-deductible donation of \$ \_\_\_\_\_

Total Support: \$ \_\_\_\_\_  Check  Charge:

Visa  Mastercard  Discover  Amex

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

**Return the completed form and make checks payable to:**

Brandywine Battlefield Park Associates  
ATTN: Membership  
PO Box 202  
Chadds Ford, PA 19317