

# BUSINESS MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_



## Membership Category (per employees)

- 01 - 20, \$200
- 21 - 49, \$300
- 50 - 149, \$500
- 150 - 299, \$750
- 300 +, \$1,000

## Payment Method:

- Check
- Visa
- MC
- Amex

#: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Mail to:

Midwest Museum of Natural History  
425 W. State Street  
Sycamore, IL 60178

## Fax to:

815-899-2552

### OFFICIAL USE

Member No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Check Number: \_\_\_\_\_

Other: \_\_\_\_\_