



BECOME A MEMBER

Become a member and begin experiencing all the Webb Deane Stevens Museum has to offer.

Join other like-minded individuals who have chosen to support the Museum in a direct and meaningful way. Members enable the Museum to offer engaging educational programs, interactive exhibitions, and relevant community events for thousands of visitors each year. Members also receive special access to our collections and members-only discounts on select programs and shop merchandise.

MEMBERSHIP LEVELS

SENIOR (60+) \$30 / Individual \$35

One (1) Person

Free unlimited house tours for one person, Discounts for programs and special events, 10% discount on Museum Store purchases and subscription to newsletter.

FAMILY \$50

Two (2) parents and their children 18 years and younger.

Free unlimited house tours, Discounts for programs and special events, 10% discount on Museum Store purchases and subscription to newsletter.

CONTRIBUTING \$100

Immediate family unit of two (2) parents and their children 18 years and younger

ALL the Family benefits, PLUS free admission for house tours up to four (4) guests, two (2) complimentary house tour passes to give to a friend, co-worker, etc., and Special "Members Only" tours.

PATRON \$250

Immediate family unit of two (2) parents and their children 18 years and younger. ALL the Contributing benefits PLUS Four (4) complimentary house tour passes to give to friends, co-workers, etc., access by appointment to use the reference library, and 20% discount on Museum Store purchases.

Clip and Mail

MEMBERSHIP FORM

Yes! I want to join the Webb Deane Stevens Museum family!

PLEASE PRINT

Name(s): _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

LEVEL OF MEMBERSHIP

___ Senior Membership / \$30

___ Individual Membership / \$35

___ Family Membership / \$50

___ Contributing Membership / \$100

___ Patron Membership / \$250

Enclosed is my membership fee of \$_____.

PAYMENT

___ Check enclosed (please make payable to Webb Deane Stevens Museum)

___ Credit Card (Visa, Mastercard, Discover)

Card # _____

Expiration Date ___ / ___ CVV _____

Zip Code _____ Phone #: _____

Signature _____

Send membership payment to:

Webb Deane Stevens Museum

Attn: Membership

211 Main Street

Wethersfield, CT 06109

We appreciate your support!