



Nantucket Lightship Basket Museum

"Weaving Nantucket's past into its future"

Yes I want to _____ become a member
_____ renew my membership.

Please indicate how you want
your name to be listed in our records.

(Please Print)

Name: _____

Off Island Address: _____

Off Island Phone: _____

From: _____ To: _____

E-mail: _____

On Island Address: _____

On Island Phone: _____

From: _____ To: _____

____ Youth • \$5

____ South Shoal Friend • \$500

____ Individual • \$40

____ Patron • \$1,000

____ Island Family • \$85

____ Weaver's Guild • \$5,000

____ Family • \$100

____ Ivory Circle • \$10,000+

Enclosed is my check made in the amount of \$ _____

Payable to **NLBM**;

Or please charge my Visa/ Master Card:

Card # _____ Exp. Date: _____

Signature: _____

Mail completed membership form
and check, if applicable to:

Nantucket Lightship Basket Museum

P.O. Box 2517, Nantucket, MA 02584

www.nantucketlightshipbasketmuseum.org