



## Membership Form

YES! I want to be a member

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail

- \_\_\_\_\_ Keeper \$30
- \_\_\_\_\_ Keepers' Family \$50
- \_\_\_\_\_ Family Plus \$100
- \_\_\_\_\_ Send me information on  
Founding Lights as well.

\_\_\_\_\_ Check enclosed made payable to the  
St. Augustine Lighthouse & Museum

\_\_\_\_\_ Please charge my credit card

\_\_\_ Visa \_\_\_ MC \_\_\_ Discover \_\_\_ AE

\_\_\_\_\_  
Account Number Exp Date

\_\_\_\_\_  
Signature

Mail to: **St. Augustine Lighthouse & Museum**  
81 Lighthouse Avenue  
St. Augustine, FL 32080  
Or drop off in the museum store.  
Phone (904) 829-0745  
[www.staugustinelighthouse.com](http://www.staugustinelighthouse.com)

Solicitation of Contributions Registration #SC08548  
100% of your contribution supports the  
St. Augustine Lighthouse & Museum, Inc.