

**Council of Friends Membership Application**  
**Mail to P. O. Box 1007, New Bern, NC 28563**

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*please circle:*

New Membership    Renewal

Name: \_\_\_\_\_  
(as you want it to appear on Membership Card)

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

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

State: \_\_\_\_\_

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

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email: \_\_\_\_\_

Please circle membership level

\$20 Student	\$50 Associate
\$100 Supporter	\$125 Family/Grandparent
\$250 Sponsor	\$500 Sustainer
\$1,000 Patron	\$2,500 Benefactor
\$5,000 Champion	

Gift from \_\_\_\_\_

Gift message \_\_\_\_\_

I do not wish to join the Council of Friends but would like to make a donation of \$ \_\_\_\_\_

Method of Payment (please circle): Check enclosed    Mastercard    Visa

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Card number    Expiration date

\_\_\_\_\_  
Signature

My company matches donations to cultural organizations. Enclosed please find a completed matching gift form.

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