

# ESP Membership :: Application

Please type or print clearly.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ circle one: home | work | cell

\_\_\_\_\_ city state zip

Email: \_\_\_\_\_  
(for newsletter & special invites)

If this is a gift membership, enter the recipient's information below.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ circle one: home | work | cell

\_\_\_\_\_ city state zip

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

Personal Message: \_\_\_\_\_

Ship to:  Purchaser  Recipient

## Member Information

Have you ever been a member?  No  Yes (If yes, please enter member number here: \_\_\_\_\_)

T-Shirt size and design:  Youth Large (Pep design only)  
*(New Members Only)*  Small  Al Capone (black)  
 Medium  Pep the Dog (chocolate)  
 Large  Red Sky Façade (gray)  
 XL  
 2XL

Type of Membership:  Individual (\$30)  Sustaining (\$250)  
*(Prices valid through 3/15/2010 only)*  Family & Friends (Formerly Household) (\$50)  Sponsor (\$1000)  
 Supporting (\$100)

I prefer to have more of my membership dues used for preservation efforts! I choose:  
 No T-shirt  No Halloween Tickets  No Renewal Gift

Additional tax-deductible donation to Eastern State Penitentiary Historic Site:

\$ \_\_\_\_\_  General Fund  2010 Annual Appeal – Catholic Chaplain's Office murals

## Type of Payment

Check (to "Eastern State Penitentiary")

Visa/Mastercard/AMEX/Discover: \_\_\_\_\_  
Credit Card number Expiration Date (MM/YY)

Signature (required for Credit Card): \_\_\_\_\_

**Print and mail (or fax if paying by credit card) this application with payment to:**

Eastern State Penitentiary  
Membership Department  
2027 Fairmount Avenue  
Philadelphia, PA 19130

Fax: 215-236-5289

Attn: Memberships