

Membership :: Application

See bottom of page for mail and fax instructions

Please type or print clearly:

Name: _____ E-mail: _____
Address: _____ Day phone: _____
_____ Evening phone: _____
city state zip

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

Name: _____ E-mail: _____
Address: _____ Day phone: _____
_____ Evening phone: _____
city state zip

Personal Message: _____

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)
 Small Al Capone (black)
 Medium Pep the Dog (chocolate)
 Large Radial Plan (navy)
 XL Radial Plan (burgundy)
 XXL Terror Behind the Walls (black)

Type of Membership: Student (\$25) Supporting (\$100)
 Individual (\$30) Sustaining (\$250)
 Kid* (\$30) Sponsor (\$1,000)
 Household (\$50)

* Kid Membership includes daytime admission for 2 adults and 2 kids (age 7-12), but does not include a free t-shirt or Halloween tickets.

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

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

\$ _____ General Fund 2008 Annual Appeal – Hospital Solarium Fund

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 - Memberships
2124 Fairmount Avenue
Philadelphia, PA 19130

Fax: 215-236-5289
Attn: Erica Green