

EASTERN STATE PENITENTIARY

Membership Application

Please type or print clearly.

Primary Member Name: _____

Additional Member* Name: _____

Address: _____ Phone: _____ circle one: home | work | cell

_____ Email: _____
city state zip (for newsletter & special invites)

* Not applicable for the Individual Membership level. Additional Member must have the same mailing address as the Primary Member.

Giving this membership as a Gift? Enter *your* name and address below:

Name: _____

Address: _____ Phone: _____ circle one: home | work | cell

_____ Email: _____
city state zip (for newsletter & special invites)

Personal Message to Recipient: _____

Ship to: Purchaser Recipient

Member Information

Please Check One: First-time Member Renewing Member (Member Number: _____)

Type of Membership:

- Individual (\$50)
- Dual (\$75)
- Family & Friends (\$100)
- Supporting (\$250)
- Sustaining (\$500)
- Sponsor (\$1,000)

Please use more of my dues for operating and preserving the site. I choose:

- No Halloween Tickets
- No Renewal Gift

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

\$_____ General Fund 2017 Annual Appeal – Soup Alley

Type of Payment

- Check (to "Eastern State Penitentiary")
- Visa MasterCard AMEX Discover:

Credit Card number Expires (MM/YY) CSV code Signature (required for Credit Card)

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