

**MUSEUM  
& ARTS  
CENTER**

IN THE SEQUIM-DUNGENESS VALLEY

175 West Cedar Street  
Sequim, WA 98382  
360-681-2257  
www.macsequim.org

**MEMBERSHIP  
or RENEWAL FORM**

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

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

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

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

**My membership level:**

- |   |   |
|---|---|
| <input type="checkbox"/> Annual Individual \$20   | <input type="checkbox"/> Please contact me about estate planning and planned giving |
| <input type="checkbox"/> Annual Family \$30       |   |
| <input type="checkbox"/> Fellow \$500             |   |
| <input type="checkbox"/> Benefactor \$1000        | <input type="checkbox"/> Please contact me about volunteer opportunities            |
| <input type="checkbox"/> Silver Benefactor \$2500 |   |
| <input type="checkbox"/> Golden Benefactor \$5000 |   |

**I would like to make a separate contribution to the following special funds:**

- Historical Dungeness Schoolhouse Fund  
 Memorial (please indicate name of person): \_\_\_\_\_

**Total amount enclosed \$** \_\_\_\_\_

I'm paying by  cash  check  Visa/MasterCard

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail or return this entire form to:  
Museum & Arts Center in the Sequim-Dungeness Valley  
175 West Cedar Street, Sequim, WA 98382**

Thank you for your continued support of and participation in the Museum & Arts Center in the Sequim-Dungeness Valley. Your contribution is vital to our organization's abilities to create captivating local history and art exhibits, ongoing educational programming, and engaging community events. Please renew your membership by using this form. Please note that your membership will now be due one year from your joining/renewal date.