



Printable Membership Form

- To join the Friends of the Hall of Fame Membership Program or to renew an existing membership, simply fill out the form below. Please use one form per membership order.
- After printing and completing this form, please send it to:

*Membership Office
National Baseball Hall of Fame and Museum
25 Main Street
Cooperstown, NY 13326*

- If you would like to FAX us your membership order, please print and complete the form. FAX it to our Membership Office at: (607) 547-2044.
- If you have any questions about your membership order, please do not hesitate to contact our membership office by [telephone](#), [U.S. Mail](#), or [email](#).
- International orders will be billed an additional \$15 for postage & handling.
- Benefits and membership categories are subject to change.
- Please allow four to six weeks for delivery.

| <input type="checkbox"/> Membership order for yourself | | Is this a membership renewal? <input type="checkbox"/> Yes | |
|--|--|--|--|
| | | <input type="checkbox"/> No | |
| <input type="checkbox"/> or membership order as a gift | | If so, what is your membership #? : <input type="text"/> | |
| <input type="checkbox"/> Junior (\$20) | | <input type="checkbox"/> Individual (\$40) | |
| <input type="checkbox"/> Patron (\$250) | | <input type="checkbox"/> Family (\$70) | |
| <input type="checkbox"/> President's Circle (\$500) | | <input type="checkbox"/> Sustaining (\$100) | |
| | | <input type="checkbox"/> Benefactor (\$1000) | |
| | | <input type="checkbox"/> Yes, I am an Educator | |
| YOUR BILLING ADDRESS | | GIFT RECIPIENT ADDRESS (Required for gift membership) | |
| Name: | | Name: | |
| Address: | | Address: | |
| City/State/Zip: | | City/State/Zip: | |
| Phone: | | Phone: | |
| Email: | | Email: | |
| | | | |
| <input type="checkbox"/> Send gift subscription to you at your billing address so you may forward the benefits package, | | | |

