

STANLEY-WHITMAN HOUSE
MEMBERSHIP FORM

Please print your name(s) as you wish to be acknowledged

Address _____ City _____

City _____ State _____ Zip _____ Phone _____ Email _____

Membership Category: **New** ____ **Renewal** ____

____ Individual ____ Fulltime Student ____ Family ____ Friend ____ Patron ____ Patriot ____ Founder

Please make checks payable to Stanley-Whitman House or fill out the following to pay with credit card.
THANK YOU!

CREDIT CARD PAYMENT

Credit card: ____ Visa ____ MasterCard ____ Discover

Please print your name as it appears on credit card

Address _____ City _____

City _____ State _____ Zip _____ Phone _____

Credit Card Number: _____ 3-digit security code: _____

Expiration: _____

Signature: _____

Credit card receipt will be mailed with your membership acknowledgement

MAILING ADDRESS:
Stanley-Whitman House, ATTN: Membership, 37 High Street, Farmington Connecticut 06032