

# MEMBERSHIP FORM



**Yes, I would like to become a Charter Member today**

- ☐ \$50 First Pitch      ☐ \$100 Double  
☐ \$225 FamFest      ☐ \$500 All-Stars  
☐ \$1,000 Power Hitter  
☐ I'd like to make an additional tax-deductible contribution of \_\_\_\_\_  
☐ This is a gift.      Total: \$ \_\_\_\_\_

## Member Information

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ ☐ Home ☐ Cell  
Email \_\_\_\_\_

## Payment Information

Amount Enclosed \_\_\_\_\_  
☐ Check (Made Payable to the Tampa Baseball Museum)  
☐ Visa      ☐ MasterCard      ☐ American Express      ☐ Discover  
Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Signature \_\_\_\_\_

## Primary Member

Name \_\_\_\_\_  
Email \_\_\_\_\_  
☐ Yes, I would like to receive email updates and event invites.

## Secondary Member (Double Level and Above)

Name \_\_\_\_\_

## Charter Member Recognition

I/We would like to be recognized as \_\_\_\_\_

Mail to:  
Tampa Baseball Museum at the Al Lopez House  
P.O. Box 5421 • Tampa, FL 33675  
[info@tampabaseballmuseum.org](mailto:info@tampabaseballmuseum.org) • 813.247.1434  
TampaBaseballMuseum.org