

**Cape Coral Historical Society and Museum  
Membership Application**

Cape Coral Historical Society is the non-profit (501c3) support organization for the museum and welcomes new members to become an integral part of the preservation of the life and times of Cape Coral

**Contact Information**

|                 |  |           |     |
|-----------------|--|-----------|-----|
| First Name      |  | Last Name |     |
| Mailing Address |  |           |     |
| City            |  | State     | ZIP |
| Phone           |  |           |     |
| Email           |  |           |     |

**Annual Membership Type**

|                 |  |         |  |
|-----------------|--|---------|--|
| Family \$30     |  | New     |  |
| Individual \$25 |  | Renewal |  |

**Membership Benefits**

- Museum Newsletter
- Museum Admission
- Gift Shop Discount (10%)
- Members Only Events

For Family Memberships, please list individuals to be included and relationship to above named member

| Name | Relationship |
|------|--------------|
|      |              |
|      |              |
|      |              |

**I would like to volunteer in the following areas:**

|                                 |  |                             |  |
|---------------------------------|--|-----------------------------|--|
| Docent duties                   |  | Website/ Social Media       |  |
| Collections/ Archives/ Exhibits |  | Fundraising/ Event Planning |  |
| Office Assistance               |  | Youth Programs              |  |
| Research                        |  | Other: _____                |  |
| Gift Shop duties                |  |                             |  |

**Museum Updates**

I prefer that the museum \_\_\_ email/ \_\_\_ call me about upcoming events and activities.

I prefer to receive my newsletter via \_\_\_ email/ \_\_\_ postal mail.

**Payment Information**

|                           |               |
|---------------------------|---------------|
| Check # _____             |               |
| Credit Card               |               |
| VISA/MASTER CARD/DISCOVER |               |
| Cardholder's Name         | Security Code |
| Card Number               | Exp. Date     |

Please make checks payable to **Cape Coral Historical Society**

Payment and application should be sent to:

Cape Coral Historical Society  
PO Box 150637  
Cape Coral, FL 33915

**Thank you for your support!**