

**MERCHANTS AND DROVERS TAVERN MUSEUM ASSOCIATION
MEMBERSHIP FORM**

Name

Address

City / State / Zip Code

Area Code and Telephone Number

Email Address (optional)

____ New Member ____ Renewing Member

in Family = _____

Please check the appropriate categories below:

_____ Sponsor	\$1,000	_____ Family	\$ 25
_____ Benefactor	\$ 500	_____ Non-Profit	\$ 25
_____ Patron	\$ 250	_____ Individual	\$ 15
_____ Friend	\$ 100	_____ Junior	
_____ Professional/ Business	\$ 50	_____ (under 18)	\$ 5

_____ In addition to membership, I wish to contribute
\$ _____ toward the development of the
Merchants and Drovers Tavern.

732 381 0441



www.merchantsanddrovers.org

*Corporate matching gifts programs increase individual contributions. If your employer has a matching program, please include the matching form with your registration.

Please make your check payable to **MDTMA** and mail it with your membership form to:

MDTMA
P.O. Box 1842
Rahway, NJ 07065

Thank you for your membership support!

*Membership contributions are tax deductible.