



## MEMBERSHIP APPLICATION

This membership is  New  My Renewal

\_\_\_\_\_  
Title(s)                      Name(s) for membership card

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Telephone                      E-mail

Please use seasonal address, from \_\_\_\_\_ to \_\_\_\_\_:  
\_\_\_\_\_  
\_\_\_\_\_

### Membership Selection:

Individual \$40

Family \$65

*For new members and our upgrading Individual and Family members:*

Palmer Centennial Donor \$100 -- An exceptional value and limited time offer!

*For our renewing Donor members:*

Donor \$125

*Other opportunities:*

Settler \$250

Pioneer \$500

Heritage Club \$1,000

### Payment Information:

Check enclosed, payable to Historic Spanish Point.

Charge my  Visa  MasterCard  Discover.

\_\_\_\_\_  
Account #    Expiration Date

\_\_\_\_\_  
Card Holder's Signature

**Thank you for printing this form and mailing it to:**

**Historic Spanish Point ~ P.O. Box 846 ~ Osprey, FL 34229**