



**Humboldt Strawberry Festival
Historical Museum**



Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Date _____ Amount paid _____

Annual Membership:

☐ Regular Membership (\$20 per year)

Friend of the Museum:

☐ Friend of the Museum (\$100 one time)

Indicate Level of Gift:

☐ Donation (\$100)

☐ Donation (\$1000)

☐ Donation (\$250)

☐ Donation (\$5000)

☐ Donation (\$500)

☐ Donation (other) \$ _____

Make your checks payable to: Humboldt Strawberry Festival Historical Museum

Mail to:

Humboldt Strawberry Festival Historical Museum, 1200 Main Street, Humboldt, TN 38343

If you have questions, please visit www.humboldtmuseum.net.