



**WASHBURN-NORLANDS
LIVING HISTORY CENTER**

Annual Membership Application

Name: _____

Address: _____

Phone: (_____) _____

Email: _____

Single Membership \$25

Please Choose Payment Type:

- Check (please enclose)
- Visa
- Mastercard
- Discover
- AmEx

Card #: _____

Exp.: ____ / ____ / ____

Name on Card: _____

Special Interests

- Volunteering
- Fundraising
- Leadership
- Farming Operations
- Educational Programs
- Tour Guide
- Curatorial

Other _____

Thank you. Your application will be processed upon receipt. You will receive your membership materials 10-15 business days from receipt of application. For questions or concerns you may contact Norlands via email at norlands@norlands.org or via phone at 207-897-4366.