



Become a Castle in the Clouds Member

And help us preserve, interpret and share this historic estate.

Join now and we will mail your membership card to you. You can start enjoying the membership privileges immediately

*First Name: _____ *Last Name: _____

Spouse/Partner First Name: _____ Last Name: _____

* Phone: _____ *Email: _____

*Permanent Mailing Address: _____

*City: _____ *State: _____ *ZIP/Postal Code: _____

Seasonal Mailing Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Mail to Seasonal Address from (month/day): _____ to: _____

Please check the membership level you wish to purchase:

| Individual | Dual/Family | Dual/Family Plus | Contributing | Patron | Benefactor |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| \$45 | \$85 | \$100 | \$250 | \$500 | \$1,000 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

I am purchasing this membership as a gift for:

First Name: _____ Last Name: _____

Spouse/Partner First Name: _____ Last Name: _____

Phone: _____ Email: _____

Permanent Mailing Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Payment

My check is enclosed Please charge my: Visa MasterCard AMEX Discover

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Cardholder Signature: _____

Please list my gift anonymously in publications.

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