



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	Family	Contributing Donor	Patron Donor	Benefactor Donor
\$50	\$100	\$250	\$500	\$1,000
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If this membership is a gift please include the following information:

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: _____

We will send the membership directly to the recipient with a note that the membership is a gift from you.

I would prefer the membership be sent to me and not the gift recipient.