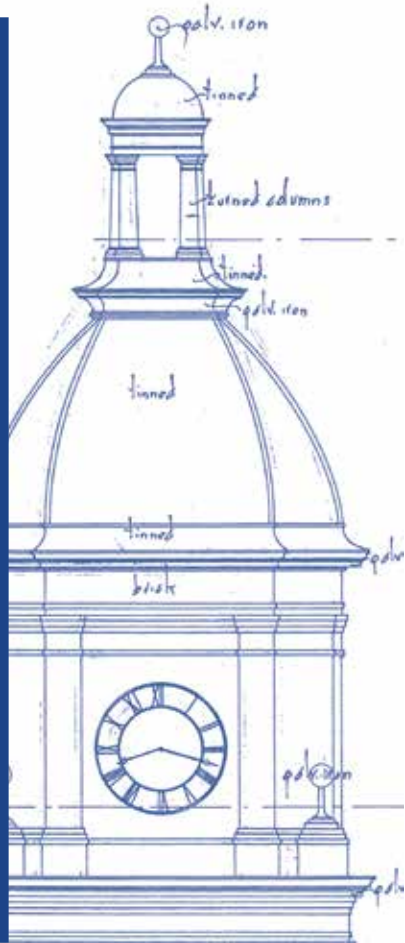


ADVENTURE BEGINS with MEMBERSHIP

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Ravalli County Museum
& Historical Society

205 Bedford Street • Hamilton, MT 59840
406.363.3338 • www.brhsmuseum.org

Membership Benefits

Basic Membership Benefits

(Includes Individual and Family Levels)

- Free admission to RCM (Family is two adults and all children under 18 living at same address; Senior/Student is for one adult)
- Subscription to RCM e-letter, newsletter and other mailings
- 15% discount on RCM gift shop items
- Invitation to RCM exhibit openings
- Free copy of Bitter Root Trails III
- Discounted archival research fees including Ancestry.com

Bitterroot Level Membership Benefits:

- Basic Membership benefits plus:
- Four guest passes
- Free "Ravalli County Museum" tote bag and copy of The Bitterrooter

Ponderosa and Sapphire Level Membership Benefits:

- Basic and Bitterroot Level benefits plus:
- Special recognition in the Museum
- Free archival research assistance

Trapper Peak Level Membership Benefits:

- Ponderosa and Sapphire Level benefits plus:
- Free copy of Bitter Root Trails IV
- Special recognition in the Museum
- Special recognition at RCM program events

-- Business Membership at Bitterroot level or above

Membership Levels

- Individual Student/Senior \$25
- Individual \$40
- Family \$50
- Bitter Root \$100
- Ponderosa \$250
- Sapphire \$500
- Trapper Peak \$1,000

You may contact the Ravalli County Museum regarding any membership questions. 406.363.3338

Thank you! Your valued membership helps us continue to provide exhibits, programming and educational opportunities.

- Yes, I want to join in the fun by becoming a member of the Bitter Root Valley Historical Society and Ravalli County Museum at the Old Courthouse!

Membership Level

- Individual Student/Senior Bitterroot
 Individual Ponderosa
 Family Sapphire
 Trapper Peak

Payment Information

Enclosed is my cash / check

Please mail to:

Ravalli County Museum at the Old Courthouse,
205 Bedford Street, Hamilton, MT 59840

Charge my credit/debit card:

- MasterCard Visa
 Discover American Express

- New Member Member Renewal

Card Number (One time use only) _____

Expiration
Date

Signature _____

Contact Information

- Mr. Mrs. Ms. Dr. Other: _____

Name _____

Address _____

City _____

State _____ ZIP _____

Telephone _____

Email Address _____

Special instructions (gift membership, seasonal address, special listing information) _____

Please do not list my membership in print.