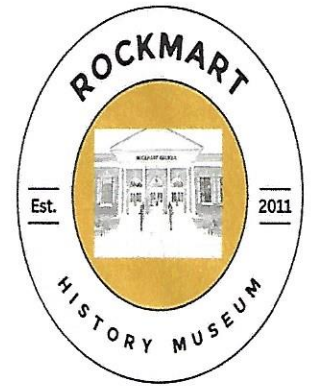


Rockmart History Museum  
133 South Marble Street  
Rockmart, Georgia 30153



## Membership Application

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  Please check if you prefer contact by email

### Membership Support Level

*(Please Check one)*

- \$25                       \$50                       \$100  
 \$250                       \$500                       \$1,000  
 Other Amount \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Please make checks payable to:                      Rockmart History Museum  
133 S. Marble Street  
Rockmart, GA 30153*

#### PAYMENT INFORMATION (OFFICE USE ONLY)

CASH \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

Staff Signature: \_\_\_\_\_