

Annual	Membership	Application
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MUSEUM Nocona, Texas		
Name:		
Address:	City:	State: Zip:
Email (for newsletter):	Phone:_	
Notice: The Bento	on Conference Room is n	ow available for
ddress: State: Zip:		
		ts, lectures, and members-only
special programs and members	s-only events, two guest passes, free admis	
only events, free admission to	other museums*, 2 meal tickets to annual	
only events, four meal tickets t	o annual fundraiser, free admission to other	er museums*, newsletter,
programs and members-only e museums*, newsletter, listing i	vents, four meal tickets to annual fundraise in newsletter and on website (please provid	er, free admission to other de logo if available), 10 %
memberships and above are el	igible for free admissions to over 500 other	•
Please make checks payable to	: Tales 'n' Trails Museum, 1522 E. Hwy. 82,	Nocona, Texas 76255
Membership Level:	Amount: Paid by check	Cash CC
Signature:	Date:	
	mbership cards to arrive in mail	
For Office Use Only		

Cards Made Letter Printed Name On Spreadsheet		Highlighted		Initials/Date:	
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