

Membership Application: (You can also join MSSF online. Please visit <http://www.mssf.org>.)

Name 1: _____
Name 2: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Contact Information:

HOME: (____) _____ BUSINESS: (____) _____ CELL: (____) _____
Email 1: _____
Email 2: _____



MEMBERSHIP TYPE: Adult/Family Membership (\$20): (____) 1-yr Adult/Family with printed newsletter option (\$40): (____)
2-yr Adult/Family Membership (\$35): (____)
3-yr Adult/Family Membership (\$50): (____)
5-yr Adult/Family Membership (\$83): (____)
Life Adult/Family Membership (\$350): (____)

Senior/Family Membership (65 and over) (\$15): (____) 1-yr Senior/Family with printed newsletter option (\$35) (____)
2-yr Senior/Family Membership (65 and over) (\$28): (____)
3-yr Senior/Family Membership (65 and over) (\$40): (____)
5-yr Senior/Family Membership (65 and over) (\$65): (____)
Life Senior/Family Membership (65 and over) (\$200): (____)

Culinary Group add-on (\$10.00): (____)

IF PAYING WITH CHECK, please make it out to “MSSF membership” and mail it with this form, to:
MSSF Membership
c/o The Randall Junior Museum
199 Museum Way
San Francisco, CA 94114

IF PAYING WITH A CREDIT CARD, please provide the following information:

Credit Card: Mastercard (____) Visa (____) Discovery (____) American Express.(____)
Name on Card: _____
Credit Card Number: _____ Expiration Date: _____ CVV #, (3 digit # on back): _____
Signature: _____