



Phone: (315) 686-5794

REGISTERED MEMBERSHIP BENEFITS

For every \$25 of your membership your name will go in a drawing for a best of show goose.

***ALL REGISTERED MEMBERS RECEIVE:**

Free admission to the Thousand Islands Museum and all annual events including Decoy/Wildlife Art & Sporting Collectibles Show, membership in TIDCA (Thousand Islands Decoy Collectors Association), use of the Resource Room with free research services, plus 10% discount in the Gift Shop and newsletters. (MEMBERSHIP CARD REQUIRED). Your name will also go in a drawing for a Best of Show Goose...to be drawn at Decoy Show.

- \$5000 ARCHITECT:** *LIFETIME MEMBERSHIP- Plaque Recognition
Includes member, spouse and minor children, 10 Decoy Show passes, Selected local artist's print & Ken Harris Decoy
- \$1251+ CONTRIBUTING:** *LIFETIME MEMBERSHIP- Plaque Recognition
Includes member, spouse and minor children, 8 Decoy Show passes, Selected local artist's print
- \$250 HISTORIAN** (Annually For 5 yrs.= \$1250) *LIFETIME MEMBERSHIP- Plaque Recognition
Includes member, spouse and minor children, 6 Decoy Show passes
TOM HUMBERSTONE DECOY at end of 5 yrs.
- \$100 PATRON:** *Includes member, spouse and minor children, 4 Decoy Show passes
- \$50 SUPPORTING:** *Includes member, spouse and minor children, 2 Decoy Show passes
- \$35 FAMILY:** *Includes member, spouse and minor children, 2 Decoy Show passes
- \$25 INDIVIDUAL:** *Includes member only, 2 Decoy Show passes

PLEASE MAKE CHECKS PAYABLE TO: T. I. Museum

Mail to: P. O. Box 27, 312 James Street, Clayton, N.Y. 13624

Memberships are tax deductible.

If you or your spouse work for, or are retired from a matching gift employer, consider doubling your gift. Ask for the forms from your personnel office. Check here if you prefer to remain anonymous in our publications.

Please Print: Mr. Mrs. Ms. Miss Dr. Business/Organization

Name: _____ New Renewal Date: _____

SUMMER MAILING ADDRESS DATES: _____ **TO** _____

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-Mail _____

WINTER MAILING ADDRESS DATES: _____ **TO** _____

Street: _____ City: _____

State: _____ Zip: _____ Telephone #: _____

EMAIL ADDRESS: _____

CHARGE CARD: Mastercard/Visa ONLY # _____

Expiration Date (m/y) _____ V-Code on back _____ Signature _____