



Vesterheim  
The National Norwegian-American  
Museum & Heritage Center

# Membership Form

*Join Today!*

Complete this form and return it to:  
Vesterheim Norwegian-American Museum  
P.O. Box 379, Decorah, IA 52101  
vesterheim.org • 563-382-9681



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Among your member benefits is the museum's email newsletter, *Vesterheim Current*. Be sure to include your email address above.

### Basic Membership Category:

- Associate Member—\$35  
One individual.
- Senior Single (65+)—\$30
- International Member—\$60  
Individual/senior/family residing  
outside the United States.
- Family—\$50  
Two adults at the same address,  
children under 18.
- Senior Family—\$40  
Two adults at the same address,  
65 or over.

(All but \$10 of a Basic Membership is tax deductible.)

- Plus Two:** Add \$25.00 to any basic membership and bring up to two guests with you each time you visit the museum.

### Philanthropic Membership Category:

- Friend—\$125
- Supporter—\$250
- Sponsor—\$500
- Sustaining Fellow—\$1,000  
Philanthropic levels include two adults at  
the same address and children under 18.  
**Plus Two** benefits included.

(All but \$50 of a Philanthropic  
Membership is tax deductible.)

### Rosemaling Letter

(must be a museum member of any category)

- US Resident—\$15
- International Resident—\$25

Vesterheim Membership	\$ _____
Plus Two	\$ _____
Rosemaling Letter	\$ _____
Donation to Annual Fund	\$ _____
<b>Total Enclosed</b>	<b>\$ _____</b>

- My check, made payable to **Vesterheim**, is enclosed. Payment must be made in U.S. dollars.

Charge to my  American Express  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Verification code: \_\_\_\_\_

3-digit number on back of credit card

- Send me more info about Vesterheim's Compass Club (monthly automatic deduction.)

### Give a gift membership.

Gift from: \_\_\_\_\_ Gift Membership level: \_\_\_\_\_

Gift to: \_\_\_\_\_ Gift Membership dues: \_\_\_\_\_

Address to send gift: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_