



**MUSEUM LOAN MEMBERSHIP FORM**  
(Please complete form to insure proper enrollment.)

Sch./Org. Name \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person \_\_\_\_\_ Position: \_\_\_\_\_

Home or Cell

Contact's Email Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sch./Org. Mailing Address \_\_\_\_\_

Sch./Org. Phone Number \_\_\_\_\_

Sch./Org. Fax Number \_\_\_\_\_

School District (if applicable) \_\_\_\_\_

County \_\_\_\_\_

***Membership Fees:***

***Public & Private Schools (for both classroom & library use):***

- |                                                      |                   |
|------------------------------------------------------|-------------------|
| <input type="checkbox"/> Up to 50 students/school    | @ \$150/school    |
| <input type="checkbox"/> 51 to 99 students/school    | @ \$300/school    |
| <input type="checkbox"/> 100 to 249 students/school  | @ \$500/school    |
| <input type="checkbox"/> 250 to 499 students/school  | @ \$750/school    |
| <input type="checkbox"/> 500 to 750 students/school  | @ \$1250/school   |
| <input type="checkbox"/> 751 to 1000 students/school | @ \$2500/school   |
| <input type="checkbox"/> Entire School District      | @ \$4200/district |

***Home School Family:***

- |                                 |               |
|---------------------------------|---------------|
| <input type="checkbox"/> Family | @ \$50/family |
|---------------------------------|---------------|

***Organizations:***

- |                                              |         |
|----------------------------------------------|---------|
| <input type="checkbox"/> Adult Care Facility | @ \$375 |
| <input type="checkbox"/> Private Business    | @ \$375 |
| <input type="checkbox"/> Public Library      | @ \$375 |
| <input type="checkbox"/> _____               | @ \$375 |

***Please mail completed form with a check made payable to Morris Museum***

**to:** Morris Museum  
6 Normandy Heights Road  
Morristown, NJ 07960  
**Attn:** Museum Loan Dept.

**Phone:** 973.971.3709