



THE GILLESPIE CENTER MEMBERSHIP APPLICATION

Office Use Only:
Today's Date: _____
Received by: _____
Membership
Coordinator: _____

- Annual Dues:** \$25 Individual
 \$40 Household
 \$50 Supporting
 \$100 Sustaining
 \$250 Silver
 \$500 Gold
 \$1000 Platinum

- Business Sponsorships**
 \$100 Silver Level of Support
 \$500 Gold Level of Support
 \$1000 Platinum Level of Support

New Member **Renewal** ***Gift**

Name(s) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Phone # _____

Email Address _____

Birthday(s) _____

Snowbird Address _____

_____ Gone from _____ to _____

I would like to volunteer time at The Center:

- Receptionist Library Dining Host Mailings Computer
 Dishwasher Greeter Fundraising Event Set-up Hidden Treasurers

Your membership will run for 12 months, and your renewal date will be listed on your mailing label.

Please mail to: **The Gillespie Center** **952-472-6501**
2590 Commerce Blvd.
Mound, MN 55364

**If this is a gift for someone, please indicate your name:* _____

*We also accept payment by credit card (VISA, MasterCard and Discover)

Credit card information: VISA MasterCard Discover

Card number _____ 3 Digit Security _____