

AMERICAN SADDLEBRED MUSEUM



Membership Levels

<input type="checkbox"/>	Youth Member (18 and under)	\$10
<input type="checkbox"/>	Individual Member	\$35
<input type="checkbox"/>	Family Membership (2 adults and children 18 and under)	\$50
<input type="checkbox"/>	Individual Contributing Member	\$125
<input type="checkbox"/>	Business/Farm/Association Member*	\$150
<input type="checkbox"/>	Life Member (Can be paid in 4 annual installments of \$250) †	\$1,000

The Benefits of Museum Membership Include:

- Unlimited ASM visits for One Full Year
- Free Admission to the Kentucky Horse Park
- Free Admission to the Kentucky Derby Museum
- Receive Annual Gift Catalog
- 10% Discount on gift shop purchases and gift catalog orders
- Quarterly Newsletter
- Free Use of the ASM Library (*please call for an appointment*)
- Eligibility to vote at the Annual Meeting of ASM Members (*except youth members*)

* Business/Farm/Association Membership includes a Brass Plaque suitable for display in your home, office or barn AND unlimited ASM visits for your entire staff for one full year!

† Life Members receive a certificate suitable for framing

Support the American Saddlebred Museum Today!

Your tax-deductible donation allows us to present the history and heritage of the American Saddlebred to the visitors of the Kentucky Horse Park.

AMERICAN SADDLEBRED MUSEUM MEMBERSHIP FORM

_____ **Yes,** I want to add my name to the ASM Membership Roster and I've checked my level of support.

Please send a gift membership to:

Name _____

Name _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Business Phone _____ Evening Phone _____

Business Phone _____ Evening Phone _____

My check is attached Please charge my Visa/MC/AmEx (please circle one)

Card # _____ Expiration _____

Signature _____

Please send completed form to: American Saddlebred Museum
ATTN: Membership
4083 Iron Works Parkway
Lexington, KY 40511

For information or questions call : 859-259-2746

For office use only:

Membership # _____ Check # _____

Amount _____ Date Rc'd _____

Level _____ MC/V/AMEX N/R/U