



Membership Form

Complete this form and send it with your contribution to:
The Falls on the Colorado Museum
PO Box 1333
Marble Falls, TX 78654

Name _____ Date _____

Address _____

Phone _____ Email _____

Membership Level: (please check one of the following)

Individual \$30 Family \$50 Organization \$50 \$ _____

Check # _____ Cash _____ Donation: \$ _____

Merchandise/Other _____ (Tax _____) \$ _____

In memory of _____ Memorial: \$ _____

Notify: _____ Total: \$ _____

Relationship to deceased: _____