

Membership Application: (You can also join MSSF online. Please visit <http://www.mssf.org>.)

Name 1: _____

Name 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Information:

HOME: (____) _____ BUSINESS: (____) _____ CELL: (____) _____

Email 1: _____

Email 2: _____



MEMBERSHIP TYPE: Adult/Family Membership (\$20): (____)

2-yr Adult/Family Membership (\$35): (____)

3-yr Adult/Family Membership (\$50): (____)

5-yr Adult/Family Membership (\$83): (____)

Life Adult/Family Membership (\$350): (____)

Senior/Family Membership (65 and over) (\$15): (____)

2-yr Senior/Family Membership (65 and over) (\$28): (____)

3-yr Senior/Family Membership (65 and over) (\$40): (____)

5-yr Senior/Family Membership (65 and over) (\$65): (____)

Life Senior/Family Membership (65 and over) (\$200): (____)

IF PAYING WITH CHECK, please make it out to “MSSF membership” and mail it with this form, to:

MSSF Membership
c/o The Randall Junior Museum
199 Museum Way
San Francisco, CA 94114

IF PAYING WITH A CREDIT CARD, please provide the following information:

Credit Card: Mastercard (____) Visa (____) Discovery (____) American Express.(____)

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____ CVV #, (3 digit # on back): _____

Signature: _____