

BUFFALO BILL HISTORICAL CENTER
APPLICATION FOR MEMBERSHIP

Date _____

MEMBER INFORMATION *Please print clearly.*

Adult name _____

Second adult name (if applicable) _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

MEMBERSHIP CATEGORIES

General Membership Levels:

- ___ \$20 Student
- ___ \$35 Individual
- ___ \$60 Family
- ___ \$60 Grand Family
- ___ \$100 Centennial
- ___ \$250 Sponsor
- ___ \$500 Sustainer
- ___ \$1,000 Buffalo Bill Benefactor
- ___ \$2,000 Pahaska League

Corporate Membership Levels:

- ___ \$150 Business Friend
- ___ \$250 Corporate Sponsor
- ___ \$500 Corporate Sustainer
- ___ \$1,000 Benefactor
- ___ \$2,500 Corporate Associate
- ___ \$5,000 Corporate Contributor
- ___ \$10,000 Corporate Founder

CFM Membership Levels:

- ___ \$150 CFM Friend
- ___ \$250 CFM Sponsor
- ___ \$500 CFM Sustainer
- ___ \$1,000 One of a Thousand Society

Congress of Rough Riders Levels:

- ___ \$35 Individual
- ___ \$60 Family

SASS Member # _____

Must provide Single Action Shooting Society (SASS) membership number.

PAYMENT METHODS

Credit card number _____ Expiration date _____

Check enclosed _____

Money order enclosed _____

PRINT THIS FORM AND MAIL WITH PAYMENT TO:

**Membership Office
BUFFALO BILL HISTORICAL CENTER
720 Sheridan Avenue
Cody, WY 82414
Phone 307.578.4032**

For consideration of your privacy, the BBHC will not release any name and address for use by any outside organization.
Some or all of your membership contribution is tax deductible. See a Membership representative for details.