



The Museum of Nursing History, Inc.

Museum Membership Form

Please complete information below, print page, include check, and mail to:

Museum of Nursing History
St. Benilde Tower - Third Floor
1900 Olney Avenue
Philadelphia, PA 19141-1199

Phone: (215) 951-1526

Annual Membership Dues Schedule*

\$35 Individual	\$20 Retired	\$15 Student	\$50 Sponsor
\$100 Joan Large Memorial Fund		\$150 Patron	

Donations:*

\$100 Joan Large Memorial Fund	\$250 Alice Fischer	\$500 Lillian Ward
\$750 Lavinia Dock	\$1000 Adelaide Nutting	Other Donation:

* You may earmark donation to general fund or specific project/event.

All Contributions to the Museum of Nursing History are Tax Deductible

Name/Agency/Institution:

Title/Position:

Credentials:

Address:

Phone or Cell:

Email:

I am interested in participating in the following museum's activities:

Artifacts/documents to donate

Accessions/archival activities

Contact Me

Committee Member