



Friends of Banning Museum

Membership Registration Form

Business Name _____

Street Address _____

Mailing Address if different from above _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone Number _____

Signature _____ Dated _____

Web Address _____

(Please include complete web address and we will include a link on our web site.)

Type of discount or benefit. Please be specific. _____

Briefly describe business, (type of cuisine, nature of business, if retail specify type _____

If a restaurant, can this discount be applied to alcoholic beverages? _____

Please list any restrictions _____



Questions? Call the Development Office at 310-548-2005

Mail Form to: Friends of Banning Museum

PO Box 1927

Wilmington, CA 90748

THANK YOU FOR YOUR SUPPORT!