



Historic Landmark and Museum

Mission San Juan Capistrano Preservation Society Membership Form

Name: _____

Address: _____

City: _____

State, Zip: _____

Number of Members in you family: _____

Telephone Day #: _____

Evening #: _____

Other #: _____

e-mail: _____

Please check the box that includes your birth year:

- 1925-1945 1946-1955 1956-1964 1965-1981 1982 or after

Membership Level

Please check one appropriate box:

- Individual Membership (\$40)
- Family Membership (\$60)
- Supporting Membership (\$100)
- Supporting Plus Membership (\$250)
- Patron Membership (\$500 or more)
- Business Partner Membership (\$250)
- Corporate Membership (\$1000)
- Corporate Philanthropy Membership (\$2500)
- Photography Membership (\$150)
- Restaurant Membership (\$150)

To join, please print out this page and mail with a check (or fill in appropriate credit card information below) to:

Mission San Juan Capistrano – Membership Department
26801 Ortega Hwy
San Juan Capistrano, CA 92675

Visa/MasterCard # _____ Exp Date: _____

Name on Card _____

Authorized Signature _____

Visa and Mastercard accepted. 100% of the proceeds from membership go to preservation of the Mission.