

**Yes! I want to become a Hotel De Paris Museum
Les Amis member.**

Membership privileges include:

- Free admission to the museum for the member
 - The Hotel *Register* newsletter
- Discount admission to special events

Enclosed is my \$10 membership fee.

**I am also including a donation of () \$10, () \$25,
() \$50, () \$75, () \$100, () Other _____
for a total of \$ _____.**

**Donations are tax deductible. We will send you a
Thank You note with our tax ID number.
*Your gift will make a difference!***

Name _____

Address _____

Telephone Number _____

Email Address _____

Method of Payment:

() Check (enclosed)

() Credit Card () Visa () Mastercard

Card Number _____ **Expiration Date** _____

Signature _____

Please mail to:

**The Hotel De Paris Museum
P.O. Box 746
Georgetown, CO 80444-0746**

Thank You !!!