



4730 U.S. 1 South St Augustine, FL 32086

ccmstaug@gmail.com

Ph: 904-806-4625

Membership Request Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Cars Owned:

1 _____ 2 _____

3 _____ 4 _____

Membership Packages: *Please Circle One*

Payment Includes Fee + 6.5% Tax

Individual Annual \$100 + 6.50 = \$106.50

Individual Lifetime \$250 + 16.25 = \$266.25

Family Annual (2) \$150 + 9.75 = \$159.75 (includes 2 members only)

Family Annual (4) \$250 + 16.25 = \$266.25 (includes up to 4 family members)

Family Lifetime (2) \$400 + 26.00 = \$426.00 (includes 2 members only)

Family Lifetime (4) \$700 + 45.50 = \$745.50 (includes up to 4 family members)

*****Tax Deductible. Includes all Museum benefits and 1/2 price for one guest admission*****