

**YES, MY COMPANY
WOULD LIKE TO PARTNER
WITH THE NEW YORK
TRANSIT MUSEUM!**

Contact Information

COMPANY NAME *EXACTLY AS YOU WISH IT TO APPEAR IN PRINTED ACKNOWLEDGEMENT MATERIALS*

PRESIDENT OR CHIEF EXECUTIVE OFFICER NAME

TITLE

MEMBERSHIP CONTACT NAME

TITLE

STREET

CITY

STATE

ZIP

MEMBERSHIP CONTACT EMAIL

PHONE

Payment Information

A check payable to **Friends of the New York Transit Museum** is enclosed.

Please charge my American Express MasterCard Visa Discover

ACCOUNT NUMBER

EXPIRATION (MM/DD/YY)

V CODE

SIGNATURE

BILLING ADDRESS (If different from above)

CITY

STATE

ZIP

**Return completed
form through email or mail:
Membership@nytransitmuseum.org**

**New York Transit Museum
Attn: Membership Office
99 Schermerhorn Street
Brooklyn, NY 11201**

JOIN RENEW UPGRADE

We wish to make a contribution of \$_____ for membership at the following level:

Stockholder's Circle \$25,000 and above

Chairman's Circle \$10,000 – \$24,999

Executive Circle \$5,000 – \$9,999

Sponsor Circle \$1,000 – \$4,999

Designated Executive Name(s) for Membership Card(s):

NAME

EMAIL

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**Thank you for your generous support of the
New York Transit Museum and for playing a vital role
in supporting our educational programs, exhibitions,
collections and special initiatives.**