

ESP Membership Application

Please type or print clearly.

Primary Member Name: _____

Additional Member Name* _____

Address: _____ Phone: _____ circle one: home | work | cell
_____ Email: _____
city state zip (for newsletter & special invites)

* Not applicable for the Individual Membership level. Additional Member must have the same mailing address as the Primary Member.

If this is a gift membership, enter the recipient's information below.

Name: _____

Address: _____ Phone: _____ circle one: home | work | cell
_____ Email: _____
city state zip

Personal Message: _____

Ship to: Purchaser Recipient

Member Information

Please Check One: First-time Member Renewing Member (Member Number: _____)

T-Shirt size and design: Youth Large (Pep design only)
(First-time Members Only) Small Al Capone (black)
 Medium Pep the Dog (chocolate)
 Large Red Sky Façade (gray)
 XL
 2XL

Type of Membership: Individual (\$50) Sustaining (\$500)
 Family & Friends (\$100) Sponsor (\$1,000)
 Supporting (\$250)

Please use more of my dues for operating and preserving the site. I choose:
 No T-shirt No Halloween Tickets No Renewal Gift

Additional tax-deductible donation to Eastern State Penitentiary Historic Site:

\$ _____ General Fund 2012 Annual Appeal – Hospital Fund

Type of Payment

Check (to "Eastern State Penitentiary")

Visa/Mastercard/AMEX/Discover: _____
Credit Card number Expiration Date (MM/YY)

Signature (required for Credit Card): _____

Print and mail with payment (or fax if paying by credit card) to:

Eastern State Penitentiary Membership Department
2027 Fairmount Avenue
Philadelphia, PA 19130

Fax: 215-236-5289
Attn: Memberships