



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: _____

MEMBERSHIP LEVEL

Please check one appropriate box:

Individual Membership (\$40)

Family of 4 Membership (\$60) *\$5 each additional Member for a total of 8 individuals in your household*

Supporting Membership (\$100)

Supporting Plus Membership (\$250)

Patron Membership (\$500 or more)

Corporate Membership (\$1000)

Philanthropy Membership (\$2500)

Business Partner Membership (\$250)

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: ____ CVV: ____

Name on Card _____

Authorized Signature _____

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