



# Library Pass Program

## Contact

Library Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Payment- \$150

Check Enclosed

Credit Card

\_\_\_\_\_

Name on Card

\_\_\_\_\_

Card #

\_\_\_\_\_

Expiration Date.

Billing Zip Code

Security #

\_\_\_\_\_

Signature

## Mail

Penobscot Marine Museum

PO Box 498

Searsport, ME 04974