

## ***Havre de Grace Maritime Museum Membership Application***

I will join at the level indicated below (membership rates are annual):

- |   |       |
|---|-------|
| <input type="checkbox"/> Student Membership       | \$15  |
| <input type="checkbox"/> Individual Membership    | \$25  |
| <input type="checkbox"/> Family Membership        | \$50  |
| <input type="checkbox"/> Business Membership      | \$250 |
| <input type="checkbox"/> Business Star Membership | \$500 |

I wish to make an additional unrestricted donation in the amount of:

\$ \_\_\_\_\_

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**Please provide the following information in order to process your contribution:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Preferred Method of Contact:  E-Mail  Regular Mail

Method of Payment:  Cash  Check Enclosed  Credit Card

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Card Type: \_\_\_\_\_

CVV: \_\_\_\_\_

By signing I agree to let the Maritime Museum apply a charge to my credit card in the amount indicated above.

**Thank you and Welcome! Your tax deductible membership contribution to  
The Havre de Grace Maritime Museum supports the operations of the Museum as well as our  
mission to preserve the Maritime Heritage of the Upper Chesapeake Bay.**