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BAYSIDE HISTORY MUSEUM

Membership Application

Please Print

NAME: ADDRESS:	
– TELEPHONE: E-MAIL:	
VOLUNTE I would like to h	elp with:
	Docent/Greeter Special Events (6 annually)
	Newsletter Mailings
	Fundraising Board Member
	Other:

Please complete this form, enclose a check made payable to Bayside History Museum, Inc. for the appropriate fee (\$20 for an individual, \$30 for a family, \$50 for a business, \$100 for a sustaining membership, and \$250 for a donor membership) and mail to:

Bayside History Museum PO Box 348 North Beach, MD 20714

Thank you for your interest and support.