



BAYSIDE HISTORY MUSEUM

Membership Application

Please Print

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

VOLUNTEER:

I would like to help 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.