



# 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.**