



Coast Guard Heritage Museum

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

PHONE: _____ **EMAIL:** _____

<u>MEMBERSHIP LEVEL:</u>	<u>ANNUAL DUES</u>
INDIVIDUAL	\$25
FAMILY	\$40
SUPPORTING	\$100
SUSTAINING	\$250
LIFE	\$250

GUARDIAN

CAPTAIN'S CIRCLE	\$500+
ADMIRAL'S CIRCLE	\$1,000+
COMMANDANT'S CIRCLE	\$2,500+

PLEASE MAKE CHECKS PAYABLE TO: ***COAST GUARD HERITAGE MUSEUM***

MAIL TO: COAST GUARD HERITAGE MUSEUM P O BOX 161, BARNSTABLE, MA 02630

CREDIT CARD: VISA MASTERCARD DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: MONTH _____ YEAR _____

SIGNATURE: _____ DATE: _____