



Membership Application

Support the Annapolis Maritime Museum and the Eastport Historical Committee in preserving local history. Please print out this application, fill it in and mail to the Museum with your check.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: H _____ O _____

Email: _____

Annual membership dues:	\$10 for individuals	\$ _____
	\$15 for couples/families	\$ _____
	Amount of additional donation	\$ _____
	Total	\$ _____

Please tell us how you'd like to help:

I have artifacts to donate I have photographs you may wish to copy for the collection

I would like to be a docent I am interested in providing historical information

I have special skills or services to offer in the following areas:

Photography Research Facility Maintenance

Education Fundraising Publicity Collecting Oral Histories

Other Have a Museum Board Member Contact Me

Comments: _____

Mail to: Annapolis Maritime Museum, PO Box 3088, Annapolis, MD 21403