

## Mare Island Museum Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

### Membership Level:

\_\_\_\_ Individual \$25.00

\_\_\_\_ Family \$40.00

\_\_\_\_ Student \$15.00

\_\_\_\_ Out of State \$20.00

**Some may wish to make a gift without the benefits of membership. Please provide the following:**

Amount of gift \_\_\_\_\_ Unrestricted \_\_\_\_\_ / Restricted \_\_\_\_\_ I would like my gift to be used for:

Chapel \_\_\_\_\_; Museum \_\_\_\_\_; Quarters A or B \_\_\_\_\_; or, Operating Expenses\_\_\_\_\_.

This gift is in memory of \_\_\_\_\_

This gift is in honor of \_\_\_\_\_

\_\_\_\_\_ Please inform the family of the gift. I have enclosed their name and address:

Name \_\_\_\_\_ Address \_\_\_\_\_

**If you return this form by mail or you call us, you may use a credit card:**

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Please make checks payable to: Mare Island Historic Park Foundation (or MIHPF) and mail to:

Mare Island Historic Park Foundation, 1100 Railroad Avenue, Vallejo, CA 94592 - or call (707) 557-1538