

Membership

I/we would like to joining the Tahoe Maritime Museum and share in the Lake's rich maritime history.

PLEASE CHECK:

- New Membership**
 Renewing Membership
 Gift Membership

FAMILY: \$40 \$100 \$200 \$300 \$500

FRIEND OF THE MUSEUM: \$1,000 \$2,500

I/we would like to further help the Museum's mission by making the following additional donation: \$ _____.

Thank You!

Tahoe Maritime Museum is a 501(c)(3) non-profit organization.
All contributions are tax deductible to the fullest extent allowed by law.

TAHOE MARITIME MUSEUM

P.O. Box 627, Homewood, CA 96141 • PHONE (530) 525-9253 • FAX (530) 525-9283

www.tahoemaritime.org

Date _____

Member Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Purchaser Name (*if different*) _____

Billing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

My check for a total of \$ _____ is enclosed (*Payable to Tahoe Maritime Museum*)

Please charge a total of \$ _____ to my VISA Mastercard

Name on Card: _____

Card # _____ Exp _____ / _____

Signature _____

