

CAPE MAY MARITIME MUSEUM AND EDUCATION CENTER, INC MEMBERSHIP APPLICATION



Membership Levels:

- Mate (Individual) \$25
- Bos'n Mates (Dual) \$35
- Voyagers (Family+) \$100
- Quarter Masters (Small Business) \$1,000
- Captain (Benefactor/Corporate) \$10,000
- Angel (In Memorial) Name _____

Amount \$ _____ (No amount too small or too large)

As a non-profit 501 (C) 3 corporation, membership dues and donations are tax deductible. As a Member you will receive quarterly newsletters and 10% off gift store purchases, including our online store.

Member Name _____

Address _____

City, State, Zip _____

E-mail _____@_____ Phone (_____) _____ - _____

Amount Enclosed \$ _____

Please make check payable to:

Cape May Maritime Museum, PO Box 399, Cape May, NJ 08204

To charge amount, circle appropriate card: Visa, MasterCard, American Express

Account # _____ Expiration Mo. _____ Year _____

3 or 4 digit cic code _____ Billing zip code _____

Card Holders' Signature _____

THANK YOU for helping to bring a spirit of change to our Community!