



## Membership Request

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Membership Levels

\_\_\_\_\_ Individual \$35

\_\_\_\_\_ Family \$60

\_\_\_\_\_ Family Plus \$100

\_\_\_\_\_ Sponsor \$150

\_\_\_\_\_ Contributor \$250

\_\_\_\_\_ Heritage Club \$500

\_\_\_\_\_ Heritage Gold \$1000

\_\_\_\_\_ Benefactor \$5000

*Foreign Members Add: Canada \$10 All Others \$25 (applies to Individual & Family level only)*

\_\_\_\_\_ Credit Card No. \_\_\_\_\_

Expiration date (month/year) \_\_\_\_\_ / \_\_\_\_\_ 3-digit security code \_\_\_\_\_

\_\_\_\_\_ Check enclosed

**Amount enclosed: \$** \_\_\_\_\_

Mail to:

The Ward Museum  
909 S. Schumaker Drive  
Salisbury, MD 21804

Fax: 410-742-3107