

MEMBERSHIP APPLICATION

NORTH BREVARD HISTORICAL SOCIETY AND MUSEUM

(Location: 301 S. WASHINGTON AVE., TITUSVILLE, FL 32796)

Mailing Address: P.O. Box 5265, TITUSVILLE, FL 32783

321/269-3658

DATE: _____ New Member? _____ or Membership Renewal? _____

TYPE OF MEMBERSHIP DESIRED

_____ Individual - \$20/year or _____ Family - \$30/year (list all names below)
_____ Lifetime -\$500 or _____ Associate (businesses and organizations) - \$50/year

Amount paid: Membership \$ _____; Additional Gift \$ _____; Total amount paid \$ _____ Check # _____

Do you want a receipt? No ___ Yes ___ (if yes, a copy of this form will be returned to you as a receipt)

NAME(s) (list all if desiring Family Membership): _____

BUSINESS NAME (list if desiring Associate membership): _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE(s): home _____ cell _____ Email address: _____

Are you interested in being a volunteer Docent? _____; Days available to volunteer (circle): T W F S

For MUSEUM USE ONLY: Processed by: _____ Date: _____

Note: Send application & check to the address above