

# 2008

## Community Sailing Program Registration Form

### Contact Information

Name of student \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

\*Member?  No  Yes Name of member \_\_\_\_\_

\*Membership rates apply only if student's parent or guardian is a member.

**Would you like to become a member? See reverse.**

### Course Registration

Course #(s) \_\_\_\_\_

Dates (first choice) \_\_\_\_\_

Dates (second choice) \_\_\_\_\_

### Payment (Non-Member \$200, Member \$175)

Boater's Safety \$25 \$ \_\_\_\_\_

Course total \$ \_\_\_\_\_

Sailing Supporter\* \$ \_\_\_\_\_

CBMM Membership (from reverse) \$ \_\_\_\_\_

My check is enclosed payable to the Chesapeake Bay Maritime Museum for \$ \_\_\_\_\_

Charge my payment of \$ \_\_\_\_\_ to

Visa  MasterCard  Discover  American Express

Card number \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

*\*Sailing Supporter's gifts directly support the Community Sailing Program by providing assistance with maintenance, equipment, and supplies. See brochure for more information.*

**Chesapeake Bay Maritime Museum  
Attn: Sailing Program  
PO Box 636  
St. Michaels, MD, 21663**

# Membership Categories

## Individual \$55

### Fully tax deductible

One membership card, card admits one adult for one year and receive core benefits

## Family \$70

### Fully tax deductible

Two membership cards, admits two adults, children/grandchildren under 18 and two guests for one year plus core benefits

## Contributor \$100

### Fully tax deductible

Two membership cards, admits two adults, children/grandchildren under 18, and two guests for one year and affords over night docking privileges at CBMM marina, reduced rates for head pump out and host of boating related privilege plus core benefits

## Supporter \$200

### Fully tax deductible

All Contributor member benefits plus reciprocal admission to 70 major museums around the U.S. including the Smithsonian Institution, Mystic Seaport, Adirondack Museum, Independence Seaport, Mariner's Museum.

## Benefactor \$500

### (\$440 is tax deductible)

All Supporter member benefits plus 20% Museum store discount, CBMM member burgee, Curator's behind the scenes tour of new exhibitions, recognition in CBMM Annual Report

## Sustaining \$1,000

### (\$930 is tax deductible)

Sustaining members are an important source of CBMM's operating income. Sustaining members receive all Benefactor member benefits plus one free night of dockage during peak season, invitation to chairman's reception prior to the annual CBMM Boating Party and an exclusive program of openings and leaning opportunities.

## Life Member \$2,500

### (\$2300 is tax deductible)

All Benefactor member benefit plus a signed limited edition print from a renowned Chesapeake artist. All life membership funds are placed in a permanent operating endowment.



# Application complete and mail to

CBMM Membership Services  
PO Box 636, St. Michaels, MD 21663-0636

- I/We want to join the Chesapeake Bay Maritime Museum.
- I/We want to purchase a membership gift to the Chesapeake Bay Maritime Museum

Please circle if this is a renewal Yes No

## Membership Categories (annual dues except life member)

- |   |  |
|---|--|
| <input type="radio"/> Individual \$55   | <input type="radio"/> Benefactor \$500   |
| <input type="radio"/> Family \$70       | <input type="radio"/> Sustaining \$1,000 |
| <input type="radio"/> Contributor \$100 | <input type="radio"/> Life \$2,500       |
| <input type="radio"/> Supporter \$200   |  |

## Member Information (person joining or receiving gift)

\_\_\_\_\_  
(name as you would like it to appear on card)

\_\_\_\_\_  
(name as you would like it to appear on second card)

\_\_\_\_\_  
address apt/suite

\_\_\_\_\_  
city state zip

\_\_\_\_\_  
home phone work phone

\_\_\_\_\_  
e-mail address

## Gift from

\_\_\_\_\_  
name

\_\_\_\_\_  
address apt/suite

\_\_\_\_\_  
city state zip

\_\_\_\_\_  
home phone work phone

\_\_\_\_\_  
message to appear on gift card

## Payment information

- Check in the amount of \$ \_\_\_\_\_ payable to CBMM  
Please charge \$ \_\_\_\_\_ to
- VISA     MasterCard     Discover     AMEX

\_\_\_\_\_  
Name as it appears on your credit card:

\_\_\_\_\_  
Card Number Exp. Date

- I would like to sign up for Automatic Renewal Program. By checking this box I confirm that the credit card used to purchase this membership will be charged on an annual basis for the level indicated above. (Not applicable for gift memberships)
- My company \_\_\_\_\_ will match my gift. I am enclosing or will send a matching gift form.