

### Membership

I/we would like to become a Tahoe Maritime Museum Member and share in preserving 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

### Annual Fund

I/we would also like to help support the Museum's mission by making the following donation to the Museum's Annual Fund in the amount of \$ \_\_\_\_\_.

**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 1907, Tahoe City, CA 96145 · Phone (530) 583-9283 · www.tahoemaritime.org

Date \_\_\_\_\_

Member Name (s) \_\_\_\_\_  
Primary Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Lake Tahoe Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

- 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 \_\_\_\_\_ / \_\_\_\_\_  
Billing Address (*if different*) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_