**The Havre de Grace Decoy Museum**

**Membership Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YES !** I would like to: | | | | | |
|  | start a new membership |  | renew my membership |  | upgrade my membership |

**2022-2023 MEMBERSHIP CATEGORIES**

Please check off one of the following five membership categories, which are available to both new members and current members who wish to upgrade. Membership fees are limited to US residents; surcharges apply to non-US members. All members receive a membership card, free admission year-round, a subscription to *The Canvasback* magazine, advance invitations to special events, and 10% discount off purchases in the Museum Gift Shop. Questions? Email us at [**membership@decoymuseum.com**](mailto:membership@decoymuseum.com)

 **NARM-Family ($100/year):** Family Member benefits at the Decoy Museum, plus reciprocal privileges at nearly 1,200 additional museums through the **North American Reciprocal Museum** Association. NARM Membership includes two adult membership cards with NARM decals. Policies of individual NARM museums may vary (see NARMAssociation.org or call for details)

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|  | **Junior/Student Membership ($15/year):** Under  21 or full-time student. |
|  | **Individual Membership ($50/year):** One adult  21 or over. |
|  | **Family Membership ($65/year):** Up to two adults and minor children (or full-time students) residing at the same address. |
|  | **Life Membership ($2,000):** Lifetime Family privileges for member and surviving spouse, name on Life Member plaque, and Life Member pin. |



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| **Full Name (plus any nickname):** | Mr./Ms./etc.: | | First: | | | | Middle Initial: | Last: | | | | Jr/III/etc.: |
| Names of spouse, if applicable: | | | | | | **EMAIL** (faster for renewal): | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | | | | State/Province: | | ZIP/Postal Code: | | Telephone: | | | |
| Company Name, if applicable: | | | | | | | | | | | | |
|  **Check** enclosed  (payable to *Havre de Grace Decoy Museum*) | | | | **Check** Number: | | | | | | **Check** Amount: | | |
|  Please charge my **Credit Card**: | **Card** Number: | | | | | | | **CC** Amount: | | CVC: | Expires: | |
|  Please call the museum to  Process **Credit Card** by phone. | | Signature: | | | | | | | | Date: | | |
|    | This is a gift from:  In addition to my membership, I would like to make a contribution of $ | | | | | | | | | | | |
|  | Please contact me. I am interested in participating as a volunteer. | | | | | | | | | | | |

215 Giles Street  Havre de Grace, MD 21078  1-410-939-3739  [membership@decoymuseum.com](mailto:membership@decoymuseum.com)

