



# MEMBERSHIP FORM

Print and send to: **Development Office**

201 West Monument Street, Baltimore, MD 21201-4674

or fax to (410) 385-2105

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

New     Renewal

For Family membership and up, please list name for second card: \_\_\_\_\_

*Please choose a membership level from the following selection:*

Teacher/Scholar \$40     Individual \$50 (Military and Senior \$45)     Family \$65 (Military and Senior \$55)

Steward \$150     Latrobe Council \$250     Tilghman Council \$500     Peale Council \$1000

Add \$20 to my payment and make me a joint member with the Maryland Genealogical Society.

Additional Contribution (tax deductible): \_\_\_\_\_

## Gift Memberships

*If you wish to give someone a gift of membership in the MdHS, please fill in the recipient's information below.*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

*Please indicate how you wish the recipient to receive their gift membership:*

Send the recipient a letter, with membership cards, enclosed identifying me as the donor.

Send me the recipient's introduction letter and membership cards so I can personally give the gift myself.

## Payment Information:

Check enclosed

Card Type:     Mastercard         Visa         Discover         American Express

Card Number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Security Code: \_\_\_\_\_