

**Halifax Historical Museum**

**252 S. Beach Street**

**Daytona Beach, FL 32114**

***Membership Application***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ State of Origin \_\_\_\_\_

E Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Particular Historic Interest \_\_\_\_\_

Would you be able to spend some time helping the Museum? You can choose to greet visitors, be a docent, work in the archives, help in the office, help with exhibits, special events, or public relations. Please circle your choice and list the days and times you would be available.

**Membership Fees:**

Student Membership .....10.00

(Must be under 25 years of age)

Individual Membership ..... 35.00

Family Membership .....45.00

(All members must reside in the same household.)

Patron.....75.00

Benefactor .....150.00+

Corporate Star ..... 500.00+

Corporate Hero ..... 1,000.00+

Letters \_\_\_\_\_ Computer list \_\_\_\_\_ Membership Card \_\_\_\_\_ File Card \_\_\_\_\_