

Halifax Historical Museum  
252 S. Beach Street  
Daytona Beach, FL 32114

***Membership Application***

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

Address \_\_\_\_\_

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

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

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

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

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\_\_\_\_\_

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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.

**Types of Memberships Amount Enclosed**

Student Membership .....10.00  
(Must be under 25 years of age and show proof of ID)

Individual Membership ..... 30.00  
(10% discount for members over the age of 65)

Family Membership .....40.00  
(All members must reside in the same household.

10% discount for members over the age of 65)

Contributing Membership.....75.00

Benefactor .....150.00+

Corporate Membership ..... 1,000.00+

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