

Membership Application

Please Print Clearly

List Name(s) as you wish them to appear on your membership card
(Only one name for Statesman or Ensign Category)

Mr. ___ Mrs. ___ Ms. ___ Other _____ Is this a gift membership? ___

Member Name, First _____ Last _____

Second Name, First _____ Last _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email (print clearly*) _____

We keep our members regularly informed of Museum events by email

If this is a gift, please fill out - Recipient will receive an acknowledgment of your gift

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email (print clearly) _____

Please check one of the following categories:

Crew (family) \$50 ___ Ensign (individual) \$30 ___ Statesman (individual, 65+) \$25 ___

Helmsman \$75 ___ Boatswain \$125 ___ Pilot \$250 ___ Navigator \$500 ___

Captain \$1,000 ___ Commodore \$2,500 ___ Admiral \$5,000 ___

Payment Method Check _____ MasterCard ___ Visa ___ American Exp ___ Discover ___

Credit Card # _____

Payment Amount _____ Expiration Date _____ Name on Card _____

Signature: _____

Return: fax: 503-325-2331 phone: 503-325-2323 email: admin@crmm.org or by

mail: Columbia River Maritime Museum, 1792 Marine Dr., Astoria OR 97103