

Membership Form

Thank you for your interest in becoming a member of the USS Constitution Museum. Please complete the following form.

Name: _____

Mailing Address: _____

City, State Zip: _____

Email: _____

Phone: _____

- Yes! I wish to support the mission of the USS Constitution Museum by joining the Museum as a Member at the following level. *Please note that memberships are good for one full year from the time of initial purchase.*

BASIC MEMBERSHIP:

- Crew/Individual** (\$30): Membership privileges for one adult
- Quartermaster/Family** (\$50): Membership privileges for two adults and all children living at the same address PLUS invitations to select special events, and a color print of USS CONSTITUTION
- Midshipman** (\$75): Quartermaster membership privileges PLUS an invitation to the Annual Collections Open House and Reception.

CAPTAIN'S CIRCLE MEMBERSHIP:

- Captain John Percival Society** (\$100): Midshipman membership privileges PLUS listing in the Annual Report and free admission to 70 maritime museums across the country
- Captain Silas Talbot Society** (\$250): All above membership privileges PLUS invitation to Curator's Annual Behind-the-Scenes Tour and Reception
- Commodore Edward Preble Society** (\$500): All above membership privileges PLUS invitation to Annual Charlestown Navy Yard Tour and Reception
- Commodore William Bainbridge Society** (\$1,000): All above membership privileges PLUS two complimentary tickets to the Chairman's Dinner (upon request)
- Commodore Isaac Hull Society** (\$2,500 and above): All above membership privileges PLUS a private reception and tour of the Museum and Charlestown Navy Yard for you and 10 of your guests (one tour per year upon request)
- I want to make an additional \$ _____ donation to the USS Constitution Museum's annual fund in support the Museum's mission.

- I have enclosed a check made out to the USS Constitution Museum OR

- Please charge the full amount of my donation to the following credit card:

Master Card Visa American Express Discover

Account #: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

To pay with check or money order, please print this form and send with payment to USS Constitution Museum, P.O. Box 1812, Boston, MA 02129. Please note membership level and provide full contact information.