



Naval Historical Foundation

Membership Form

___ **Student (complimentary):** Individual benefits for one year.

___ **Teacher (\$35):** Individual benefits for one year.

___ **Individual (\$50):** Benefits for one year include:

- Weekly email featuring book reviews and announcements
- Invitation to Annual Meeting
- 10% discount on Navy Museum Store purchases
- Facilitated parking at the National Museum of the U.S. Navy
- Subscription to *Pull Together*, NHF's quarterly publication

___ **Family (\$75):** All Individual benefits for one year for two adults and their children or grandchildren under age 18.

___ **Supporter (\$250):** Individual benefits plus:

- Recognition in annual report
- Complimentary invitation to attend history-related webinars
- Discounts on photo reproductions from the Navy's photograph & art collection

___ **Life (\$1,000):** Supporter benefits for 1 year plus:

- Priority access to historical documents
- Early invitations to special events and lectures
- 20% discount on Navy Museum Store purchases
- Guided tour for two of the Washington Navy Yard

___ **Organizational (\$5,000):** Up to 20 individual memberships plus:

- Guided tour for six of the Washington Navy Yard
- Company name listed in quarterly publication & annual report
- 20 complimentary invitations to attend history-related webinar
- 10% off rental fee for the National Museum of the U.S. Navy or Cold War Gallery
- Company logo on NHF suite of websites (navyhistory.org; usnavymuseums.org; ijnhonline.org)

___ **I want to make an additional general donation to the Naval Historical Foundation of \$_____**

Please fill out the second page and mail complete application to:
Naval Historical Foundation ♦ P.O. Box 15304 ♦ Washington, DC 20003.
You may also join online by visiting www.navyhistory.org



Naval Historical Foundation

CONTACT INFORMATION

Name _____

Phone: (____) _____

Title/Rank _____

Email: _____

Address _____

Active Veteran Retired

City _____

State ____ ZIP _____

MEMBERSHIP LEVEL:

- Student Teacher Individual Family
 Supporter Life Organizational

METHOD OF PAYMENT

____ Check enclosed (made payable to: *Naval Historical Foundation*)
\$ _____

____ Credit Card: VISA MASTERCARD AMEX DISCOVER

NAME ON CARD _____

CARD NUMBER _____ - _____ - _____ - _____ EXPIRATION: _____ / _____

SECURITY CODE (CVV2): _____

SIGNATURE _____

Thank you for your support!