

The Oxford Museum, Inc.
P.O. Box 131
Oxford, Maryland 21654
(410-226-0191)

MEMBERSHIP INFORMATION FORM

_____ Please renew my current membership at the Oxford Museum.

_____ I would like to become a new member of the Oxford Museum.

NAME: _____

ADDRESS: _____

TELEPHONE: _____ CELL: _____

EMAIL ADDRESS: _____

CHECK ONE: (Make check payable to Oxford Museum.)

Regular Member: Individual (\$25) _____

Family (\$40) _____

Contributing Member: Individual (\$50) _____

Family (\$75) _____

Sustaining Member: Individual (\$100) _____

Family (\$150) _____

Angel: _____

VOLUNTEER OPPORTUNITIES: (Please indicate your area of interest.)

_____ Docent

_____ Assist with exhibits

_____ Assist with fundraising efforts

_____ Serve on a committee

_____ Other _____

Thank you! Members receive a 10% discount in our gift shop!