



**STAR OF INDIA AUXILIARY
FOR
THE MARITIME MUSEUM OF SAN DIEGO
APPLICATION FOR MEMBERSHIP**

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

The purpose of the Auxiliary is to help foster community interest in the Maritime Museum and to raise funds for the maintenance and development of the Museum and its fleet of ships. We welcome your participation in our meetings, luncheon, and social activities. However, the success of any organization depends on support from its membership. Please circle TWO or more areas of interest in which you would like to volunteer.

COMMITTEES:

CURATORIAL	HISTORIAN	NEWSLETTER
COMMUNITY OUTREACH	HOSPITALITY	PROGRAMS
EDUCATIONAL TOURS	LUNCHEONS	TELEPHONE
	MEMBERSHIP	

SPECIAL EVENTS:

BUS TOURS	GALA/AUCTION	PARADE OF LIGHTS
FOURTH OF JULY	HOLIDAY BAZAAR	STAR OF INDIA BIRTHDAY
	GARDEN TEA	

Other ways you might like to support the Auxiliary: _____

Please return this form and your \$20.00 membership fee to:

CAROL LINKE
6167 ESTELLE STREET
SAN DIEGO, CA 92115
619-233-1789

PLEASE MAKE CHECKS PAYABLE TO
THE STAR OF INDIA AUXILIARY