



Leif Ericson Viking Ship, Inc. Membership Form

PO Box 779, West Chester, PA 19381-0779

Website: www.vikingship.org

E-mail: info@vikingship.org

Thank you for your interest in becoming a member. After completing the form, please mail it back to the address shown above.

Name _____

Email _____ Phone _____ Fax _____

Address line
1: _____

Address line
2: _____

City: _____ State: _____ Zip: _____

Country: _____

Level of Membership (please check one)

- Leif (life) member.....Dues \$1,000.00
- Sustaining member.....Dues \$500.00 per year
- Contributing member.....Dues \$100.00 per year
- Norstead member.....Dues \$50.00 per year
- Voting/Crew member.....Dues \$30.00 per year
- Friend of the Norseman.....Dues \$20.00 per year

This is a New ___ or Renewal ___ membership request

Other Family Members who would like to join (for a total of \$15 each per year)

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

I would like to make a tax deductible donation towards the LEVS Operating Expenses \$_____

[] I am interested in joining the crew - boating experience not needed but welcome.

Signature _____ Date ____ / ____ / ____

My check for \$_____ is enclosed

(Checks is US Dollars should be payable to "Leif Ericson Viking Ship, Inc")

Revised: 8/20/2014