

Membership Application

Membership in the PACVBHS entitles you to free admittance to Upper Wolfsnare House (by appointment), receipt of all publications and mailings; and opportunities to participate in its seminars, webinars, annual meetings, and special events.

Please provide your name and contact information as you wish it to appear in our records, along with your payment, payable to PACBHS.

Mail to: PACVB Historical Society 2040 Potters Road Virginia Beach, VA 23454

The PACVBHS is a non-profit organization. Your membership fees are tax deductible to the extent allowed by law.

Name _____

Address _____

City State Zip _____

Preferred phone _____ Email _____

Membership Status: _____ new _____ renewal

Do you wish to receive newsletters by email: _____ yes _____ no
Doing so allows us to save on mailing costs.

Membership Level: Renewable annually on date of enrollment.

- Individual \$20.00
- Family \$30.00
- Senior \$15.00
- Organization \$50.00
- Life \$250.00

Additional tax-deductible donation \$ _____

John Baillio Fund Donation

Used solely for the preservation of the Upper Wolfsnare House \$ _____

Total: \$ _____