



Off-line Membership Application Form for **Lifetime Memberships**

Membership Level: \_\_\_\_\_

- |                     |       |
|---------------------|-------|
| L1 –Individual..... | \$350 |
| L2—Dual/family..... | \$500 |
| L3 - Business.....  | \$500 |

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Business/Organization (If applicable)  
\_\_\_\_\_

Preferred Mailing address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Address represented in Mount Vernon if different than mailing address:  
\_\_\_\_\_

**Lifetime Membership**

**Additional Person (Dual and Business Memberships) now referred to as a Bundled Member.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please make your check out to **The Baltimore Community Foundation**

Indicate for MVBA Endowment Fund

Mail to: **MVBA**  
**1 East Chase St, Suite 2**  
**Baltimore, Md 21202**