

MEMBERSHIP APPLICATION

For museum use only

Name _____
(first) (last) (spouse)

Member number _____

Type _____

Address: _____

Expires _____

Member since _____

_____ (City) (State) (Zip code)

Donation total _____

Phone Number (_____) _____ E-mail Address _____

Please list any specialty areas, services, and/or material(s) you would like to contribute or volunteer for museum benefit: _____

Select Membership Type

Individual Membership
*Annual..... \$25.00
*Other amount \$ _____

Family Membership
*Annual..... \$35.00
*Other amount \$ _____

Lifetime Membership
*One time.....\$500.00
*Other amount \$ _____
*This membership includes free,
embroidered logo, baseball hat*

Your contribution to the Golden Age Air Museum is tax deductible under IRS code 501(c)(3).

Payable to **Golden Age Air Museum, 371 Airport Road, Bethel, PA 19507.**