

Office Use Only
Member Number: _____
Expiration Date: _____



Military Aviation Museum
Membership Application
501 (c)(3) Tax Deductible Foundation

Member Name: _____ Age: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Email: _____ Occupation: _____
Prior Aviation Experience: _____
Veteran: _____ Branch: _____ Duty: _____
 Please contact me to become a volunteer. Interest: _____

Signature: _____ Date: _____

Individual - \$50 Annual Membership Family - \$100 Annual Membership

.....
 Please rush my quarterly newsletter in full color via e-mail. Please send my black & white newsletter by slow postal mail.

.....
Please select only one.
.....

Members of the Military Aviation Museum enjoy these benefits:

- Unlimited free admission to the Museum for one year
- 10% Gift Shop Discount
- Quarterly Newsletter Subscription
- Special Pricing on Selected Events
- Monthly "Hangar Happenings" e-mail

Mail completed form with payment to
Membership – MAM
1341 Princess Anne Road
Virginia Beach, VA 23457

Fax completed form to (757) 204-2682

www.FighterFactory.com
www.VBairport.com
www.MilitaryAviationMuseum.org
(757) 721-PROP

Methods of Payment

Please make checks payable to:
Military Aviation Museum

MasterCard VISA

Name on Card _____

Account # _____

Expiration Date _____

Signature _____

Total Payment _____

Please automatically renew my annual membership for subsequent years, until I cancel.