

## **Membership Application**

□ New Member or □ Renewal Date:			Office Use	
			Cash	
□ Individual Membership (\$50.00)*			Check	
☐ Family Membership (\$75.00)*			Charge	
□ Sustaining Membership (\$500.00) (over 62)				t
$\Box$ Life Membership (\$1,000.00)				ınt
F (4 ))			By	
☐ Gift Membership F	rom:			
1				
Name			Home Phone	Work Phone
Name			nome Phone	WOIK PHONE
Address			Occupation	Employer
City	State	Zip	Email Address	
* Annually			Signature	
The following information	n will help the museum learn	more about your interest	talents and abilities	
_	_	_		
	Branch of Service_		Discharge Rank	_
Hobbies				
Birthday Spouse's Name				
Aro vou available to assis	st the museum on weekdays 🗆	] weekends □	special events □	
The you available to assis	it the museum on weekdays	weekends 🗆	special events	
Please check your area of	interest:			
☐ Aircraft Flight Crew		☐ Aircraft Maintenance	J	$\square$ Facilities
$\square$ Fund Raising	$\square$ Special Event Support	$\square$ Office Support	$\square$ Public Relations	☐ Gift Shop
$\square$ Tour Guide	☐ Historical Research	$\square$ Education Programs	$\square$ Grant Writing	☐ Air Shows
$\square$ Committees	☐ Hangar Dance	$\square$ Newsletter	$\square$ Computer Systems	$\square$ Recruiting

## **Members Make it Possible**



## **Volunteers Make it Happen**

Mail To: Vintage Flying Museum P.O. Box 820099

Fort Worth, Texas 76182

OR **VISIT**  VFM@ VintageFlyingMuseum.org

http://VintageFlyingMuseum.org

817-624-1935 Fax: 817-624-2840