

LIBERTY AVIATION MUSEUM



Membership Application / Membership Renewal

Date: ____/____/____ New Membership: ____ Renewal: ____

Name: _____
(first) (last) (middle initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ (home – cell – work) Phone #2: _____ (home – cell – work)

Email Address: _____

Do you want to receive your museum newsletter via: **email** or **U.S. Mail** (Please circle one)

If you have an aviation, military or other related background, please list below:

Would you like to become a museum volunteer? **Yes** **No** **Maybe** **Not at this time** (Please circle one)

Membership Categories

_____ **Individual** (\$30 per year) (Must be 18 years of age or older)

_____ **Student** (\$15 per year) (Must be under 18 years of age) Birth Date: ____/____/____

_____ **Couple** (\$45 per year) (Two adults residing at the same address)

Name - Adult #2: _____
(first) (last) (middle initial)

_____ **Family** (\$60 per year) (Two adults and their children, 6-17 years, all residing at the same address)
(Use the reverse side of this form to list second adult and children in family)

Cash – Check – Credit (Please circle one)

Make checks payable to: **Liberty Aviation Museum**

Members receive: Museum membership card, free admission to the Liberty Aviation Museum (some special events & fundraisers excluded), 10% off most gift shop merchandise as well as special sales for members only throughout the year and periodic newsletters (electronic and/or print versions). Members have the opportunity to participate and volunteer at many levels.

Museum use only:

Member Number: _____

Date Recorded: _____

