

# 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** (\$20 per year) (*Special rate until June 30<sup>th</sup> Rate increase to \$30 starting July 1st.* (Must be 18 years of age or older)

\_\_\_\_\_ **Student** (\$15 per year) (Must be under 17 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 are excluded), 10% off most gift shop merchandise as well as special sales for members throughout the year, 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: \_\_\_\_\_

**For Family Memberships only:**

Name (Adult #2): \_\_\_\_\_  
(first) (last)

Name (Child #1): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first) (last)

Name (Child #2): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first) (last)

Name (Child #3): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first) (last)

Name (Child #4): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first) (last)

**Do you have a seasonal address? If so, please provide the address below.**

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

Seasonal Dates: \_\_\_\_\_ to \_\_\_\_\_

Remit to:  
**Liberty Aviation Museum**  
**3515 E. State Road, Port Clinton, Ohio 43452-2618**  
**(419) 732-0234**  
[www.libertyaviationmuseum.org](http://www.libertyaviationmuseum.org)

To join the Liberty Aviation Museum or renew your membership online, visit [www.libertyaviationmuseum.org](http://www.libertyaviationmuseum.org) and click on the **Recruiting** tab or the **PX Gift Shop** tab to renew or purchase your admission today!