



MEMBERSHIP APPLICATION

New _____ renewal _____

Name(s) _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail Address _____

For Family Membership, please list names of members of your household:

If you are not a volunteer at this time and wish to become one, please indicate your interests or talents:

Fee Category

- | | |
|------------------------------------|--|
| <input type="checkbox"/> no charge | WW II Veteran. Branch of service _____ |
| <input type="checkbox"/> no charge | Widow or Widower of WW II Veteran |
| <input type="checkbox"/> \$20 | Individual Membership |
| <input type="checkbox"/> \$40 | Enhanced Individual Membership |
| <input type="checkbox"/> \$50 | Family Membership (same household) |
| <input type="checkbox"/> \$75 | Business or Company Membership |
| <input type="checkbox"/> \$400 | Lifetime Membership |

Amount Enclosed: \$ _____ Membership \$ _____ Other Donation

Please return this completed form along with payment to:

Chico Air Museum
170 Convair Avenue
Chico, CA 95973
(530) 345-6468

THANK YOU FOR SUPPORTING THE CHICO AIR MUSEUM