



Membership Application

Name(s) _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail Address _____

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

If you wish to volunteer at the museum, please indicate your interest or talents:

Regular memberships are for a 12 month period. Your membership includes receiving the Chico Air Museum newsletter, a Museum bumper sticker, helping the Museum in its beginning phase and the opportunity to join other like-minded individuals in preserving our aviation history.

- /__ / \$20 Individual Membership
- /__ / \$40 Enhanced Individual Membership
- /__ / \$50 Family Membership (same household)
- /__ / \$75 Business or Company Membership
- /__ / \$400 Lifetime Membership

I would like to receive my Newsletter via regular mail /__ / or e-mail /__ /

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