



Vintage Flying Museum

Membership Application

New Member or Renewal Date: _____

Individual Membership (\$50.00)*

Family Membership (\$75.00)*

Life Membership (\$1,000.00)

Gift Membership From: _____

Office Use	
Cash	_____
Check	_____
Charge	_____
Ticket	_____
Amount	_____
By	_____

Name

Home Phone

Work Phone

Address

Occupation

Employer

City

State

Zip

Email Address

* Annually

Signature

The following information will help the museum learn more about your interest, talents, and abilities.

Armed Forces Veteran? _____ Branch of Service _____ Current Discharge Rank _____

Hobbies _____

Birthday _____ Spouse's Name _____

Are you available to assist the museum on weekdays weekends special events

Please check your area of interest:

- | | | | | |
|---|--|---|---|-------------------------------------|
| <input type="checkbox"/> Aircraft Flight Crew | <input type="checkbox"/> Aircraft Ground Crew | <input type="checkbox"/> Aircraft Maintenance | <input type="checkbox"/> Restoration Projects | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Special Event Support | <input type="checkbox"/> Office Support | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Historical Research | <input type="checkbox"/> Education Programs | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Air Shows |
| <input type="checkbox"/> Committees | <input type="checkbox"/> Hangar Dance | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Computer Systems | <input type="checkbox"/> Recruiting |

Other areas of interest or special abilities _____

Members Make it Possible



Volunteers Make it Happen

Mail To: Vintage Flying Museum

OR
VISIT

VFM@ VintageFlyingMuseum.org

P.O. Box 820099
Fort Worth, Texas 76182

<http://VintageFlyingMuseum.org>

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

Please Enclose Check for Designated Amount