

Couple (\$60)/Family (\$100) Membership Application (please write clearly)

_____ New members _____ Renewing Members

Today's Date: _____

Primary Member: First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Email address _____

Couple/Family Member Names:

Family Member # 1: First _____ Last _____ Relation: _____

Family Member # 2: First _____ Last _____ Relation: _____

Family Member # 3: First _____ Last _____ Relation: _____

This museum remains in operation through volunteer commitment, please indicate in which of the following areas you would be willing to volunteer, mark all that apply to you or family members. You will be notified when an opportunity arises.

_____ Education Programs

_____ Events (i.e., Parades, Cavalcade, Haunted Hangar, Bolingbrook town events, etc.)

_____ Maintain Facility (move/clean airplanes, set up and tear down for events, etc.)

_____ Merchandise

_____ Museum Docent

_____ Restoration

Gift individual membership (\$35): Send a gift membership to:

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Email address _____

Please allow up to 2-3 weeks for processing. Please treat your membership card and coupons like cash as they are not replaceable.

For Office Use Only:

FEE: Couple \$60/ Family \$100 / Gift \$35 payment type: Cash Visa Check

Received on _____ by: _____

Packet Notification Date: _____ Packet pick up date: _____

Entered: Contacts _____ Distribution List _____ Quick Books _____