

Membership Application

Community Partner Program

I am pleased to advise you that I would like to enroll as a member of The Armed Forces Military Museum's Community Partner Program.

Payment for membership for the initial year is/will be made as follows:

Check # _____ - Make check payable to: The Armed Forces Military Museum, Inc.
 Visa M/C Am. Express Other _____
Credit Card # _____ Exp.Date ____ / ____ Security Code _____

I would like my name and/or company name to be placed on the lobby and personal plaques to read as follows:

I understand a member of the museum's staff will contact me prior to finalizing the plaque inscription.

My mailing address to receive information is as follows:

OFFICE USE ONLY
Date: _____
By: _____
Add to spreadsheet: _____
Add to website: _____
Notecard/membership card _____
Date Sent _____

Name: _____

Address: _____
Telephone # () E-Mail: _____