

Patriotic Member Program Participation Form

Dear John:

I am pleased to advise you that I would like to enroll as a Patriotic Member of The Armed Forces Military Museum, Inc. to help preserve our country's military history and to educate our younger generations as to the sacrifices made to maintain our freedom.

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

Check # _____ - Make check payable to: The Armed Forces Military Museum

Visa M/C Am. Express Other _____

Credit Card # _____ Exp.Date ____ / ____ Security Code _____

My mailing address to receive information is as follows:

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone # (_____) _____ E-Mail: _____

OFFICE USE ONLY

Date: _____

By: _____

Add to spreadsheet: _____

Add to website: _____

Notecard/membership
card _____

Date Sent _____