



AIR AND MILITARY MUSEUM OF THE OZARKS

MEMBERSHIP APPLICATION

NAME _____ BIRTH DATE _____

SPOUSES NAME _____ BIRTH DATE _____

ADDRESS _____ PHONE _____

CITY _____ ZIP _____

CHILDREN _____

BIRTH DATES _____

In what branch of the military did you serve and what rank.

Air force _____ Army _____ Navy _____ Marines _____ Coast Guard _____

Are you a member of any patriotic organization? _____

What military equipment interest you? _____

What expertise do you have that would be beneficial to the museum?

Museum membership dues: Please check membership level:

Individual (\$25 yearly) _____ Family (\$36 yearly _____

Life time (\$1000) _____ Cash Amount _____

Signed _____ Date _____