



MEMBERSHIP APPLICATION

Complete form and mail to:
Attn: Membership Services
P.O Box 3099, Galveston, TX 77552-0099

DATE: _____ DOB _____ (optional)

NAME _____ OCCUPATION _____

ADDRESS _____

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

E-MAIL

MEMBERSHIP CATEGORIES and BENEFITS

Please check desired membership level

Referred by: _____

___ **\$48 Student** -- Must be 16-22 (minors must have parent's permission) and/or attending an accredited college or aviation technological school. Cardholder receives unlimited Museum admission, quarterly newsletter, *Check Six*, 10% gift shop discount, admission to Open House/Fly In's, and advance notice of programs and special events.

___ **\$100 Crewmember (\$125 first year)** -- Includes the Student benefits for you, your spouse, and any children under the age of 18, living at home.

___ **\$150 Participating** -- Includes the Crewmember benefits, plus upgrade to a 15% gift shop discount, *Museum t-shirt, and *two complimentary admission passes.

___ **\$250 Contributing** -- Includes the Crewmember benefits, plus upgrade to a 20% gift shop discount, *personalized Museum polo shirt, a Museum Hat, and *four complimentary admission passes.

___ **\$500 Supporting** -- Includes the Crewmember benefits, plus upgrade to a 20% gift shop discount, *two personalized Museum polo shirts, two Museum hats, and *six complimentary admission passes.

___ **\$1000 Sustaining** -- Includes the Crewmember benefits, plus upgrade to a 20% gift shop discount, *personalized Museum jacket, *private Museum tour for twelve.

___ **\$3500 Life** (Payable over 3 years – optional) -- Includes the Crewmember benefits, plus upgrade to a 20% gift shop discount, *two personalized Museum jackets, private Museum tour for twelve, and *name recognition on Museum wall.

** Items for initial membership and upgrades only.*

Name and age of spouse and any children under 18, living at home

(If paying by check, please make check payable to Texas Aviation Hall of Fame.)

PLEASE CHARGE MY: () MASTERCARD () VISA () DISCOVER () AMEX

Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

****ONLY FILL OUT THE REMAINDER OF THIS APPLICATION IF YOU ARE INTERESTED IN VOLUNTEERING****

VOLUNTEER INTERESTS

Please check the area(s) of museum operations in which you are interested.

Training and instruction, if necessary, will be provided by a Museum staff member or experienced volunteer.

- | | | |
|---|---|--|
| <input type="checkbox"/> Docent (giving tours) | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Research/Writing |
| <input type="checkbox"/> Maintenance and Restoration | <input type="checkbox"/> Plane Captain | <input type="checkbox"/> Community Ambassadors |
| <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Exhibit Preparations | <input type="checkbox"/> Oral History Program |
| <input type="checkbox"/> Curatorial (caring for collection) | | |

EXPERIENCE/EDUCATION/SKILLS

INTERESTS/HOBBIES _____

Are there personal conditions that may restrict your volunteer activities? ___No ___Yes

If yes, please explain _____

What day(s) would you be available, weekdays/weekends _____

What do you expect to receive from the volunteer experience?
