



WINGS OF HISTORY

AIR MUSEUM

MEMBERSHIP APPLICATION

Please fill out this form and mail to the address below with your check.

Wings of History, P.O. Box 495, San Martin, CA. 95046

Telephone: (408) 683-2290

NAME _____ SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ E-MAIL _____

WORK PHONE (____) _____ OCCUPATION _____

MEMBERSHIP CATEGORIES (Check One)

Student -\$10 General -\$40 Sustaining -\$100 and up

Membership renewal will be on a calendar year basis, due in January

TOTAL AMOUNT ENCLOSED \$ _____

Yes! I want to be active in "Wings of History." Please check all that apply.

Aircraft Restoration/Maintenance _____ Building Maintenance/Repair _____

Computers/Simulators _____ Docent/Tours _____ Gift Shop/Sales _____ Membership _____

Library/Archives _____ Displays/Exhibits _____ Fund Raising _____ Education _____

Repair/Manufacture Wood Propellers _____ Office/Clerical _____ Special Events _____

Signature _____ Date _____