

BECOME A MEMBER

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone # () -

Membership Level: (Circle One)

Bronze \$25 Silver \$100 Gold \$250 Platinum \$500

Patron \$1,000 Benefactor \$2,500 Founder's Circle \$5,000

Payment Type (Circle One)

Check Credit Card Cash

Credit Card Type (Circle One)

American Express Visa Discover Master Card

Credit Card # _____ Expiration Date ____/____

Code (Three digits on back of card) _____

Billing Address (Only if different from above)

Address: _____ City: _____

State: _____ Zip Code: _____

Make checks payable to: National Museum of Americans in Wartime

Mail to:
National Museum of Americans in Wartime
Attn: Elizabeth Newberry
10900 University Blvd.
Bull Run Hall, Suite 147
Manassas, VA 20110