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| **Fill in the blanks, include your payment and mail to:** | **Treasurer**  **Alameda Naval Air Museum**  **2151 Ferry Point Road**  **Alameda, CA 94501** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Enclosed: $ \_\_\_\_\_\_\_\_\_\_

**Enclosed is my 501(C)3 tax deductible membership check payable to ANAM for:**

Check one: \_\_\_\_\_ Annual Membership **$35**

\_\_\_\_\_ Annual Family Membership **$45**

\_\_\_\_\_ Participating **$100**

\_\_\_\_\_ Lifetime Membership **$500**

\_\_\_\_\_ Sponsor / Corporate **$1000**

\_\_\_\_\_ Patron **$2500**

\_\_\_\_\_ Associate Member**\*** **$12**

\_\_\_\_\_ Yes! I would like to volunteer

**\*** Associate Member - Are you from out of state and want to support Alameda Naval Air Museum- our special $12.00 rate will keep you up to date and will support this Museum!