

North Carolina Aviation Museum

Membership Form

A Non-Profit Organization Dedicated to Aviation /Military History Preservation

PLEASE PRINT

NAME: _____ DATE: _____

RENEWING MEMBERS CHECK HERE: _____

NCAM CARD EXPIRATION DATE: _____

ADDRESS: _____

CITY _____ STATE: _____

ZIP CODE: _____

PHONE NUMBER: _____ (CELL/HOME)

EMAIL ADDRESS: _____

ARE YOU A VETERAN? _____ IF YES, GIVE SOME DETAILS OF YOUR
TIME IN SERVICE: _____

ANNUAL MEMBERSHIP TYPE: (check the box that applies)

Student (\$15): _____ Individual (\$25): _____ Family (\$35): _____

Patron (\$125): _____ Sustainer (\$300): _____

Commercial (\$625): _____ Corporate (\$1,250): _____

Please make checks payable to "NCAM" and mail to:

NORTH CAROLINA AVIATION MUSEUM & HALL OF FAME
PO BOX 1814, ASHEBORO, NC 27204

(OFFICE USE ONLY: RENEWAL DUE DATE: _____ PAID/COMPUTER/CARD)