



# Membership Application Veterans Museum and Memorial Center

Please fill out this application and mail or fax it to the Veterans Museum and Memorial Center. Please call the VMMC Office for any assistance at (619) 239-2300.

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

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Individual Memberships

One-Year Individual	\$ 35.00	\$ _____
One-Year Family	50.00	\$ _____
Life Membership (age 20-54)	500.00	\$ _____
Life Membership (age 55 and above)	300.00	\$ _____
Honorary Perpetual Membership (80 and above)	Free	\$ <u>0.00</u>

### Organizational Memberships

One Year Veteran Organization	\$250.00	\$ _____
One Year Veteran Auxiliary Organization	100.00	\$ _____
One Year Corporate Membership	300.00	\$ _____
One Year Sustaining Corporate Sponsor	500.00	\$ _____

**Total:** \$ \_\_\_\_\_

Payment Method (*circle*):      Visa      MasterCard      Check      Money Order

Credit Card Number: \_\_\_\_\_ Code: \_\_\_\_\_ ExpDate: \_\_\_\_\_

**Credit Card must be in the Primary Member's Name**

Name on Card: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please mail or fax the completed form with your membership payment to:**

Fax No.: (619) 239-7445

Mail to: Veterans Museum and Memorial Center  
Attn: Membership Chairman  
2115 Park Blvd.  
San Diego, CA 92101