



Membership Application Veterans Museum and Memorial Center

Please fill out this application and mail or fax it to the Veterans Museum and Memorial Center. If you cannot print or download the application, please call the office for assistance at 619-239-2300.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ 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>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: 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: _____

Contact Phone: _____ E-mail: _____

Please mail the completed form with your membership payment to:

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

Or fax to 619-239-7445

Or email to info@veteranmuseum.org