



MEMBERSHIP APPLICATION FORM

Membership Level

_____ Gold \$100 Annual membership
_____ Silver \$50 Annual membership
_____ Bronze \$35 Annual membership

Payment Options

_____ Money Order
_____ Check
_____ Credit Card
Please circle one: Visa MasterCard Discover
Card number _____ Exp. _____
Name on Card _____
Signature of Cardholder _____

Member Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

Mail to:
Silent Wings Museum
Attn: Administrative Assistant
6202 N. I-27
Lubbock, Texas 79403-9710