

USS Saratoga Museum Foundation, Inc.

Membership Application

Air, Land & Sea Heritage and Technology Park

INSTRUCTIONS: Please provide all of the information requested and mail or fax the completed application to the address listed below.

First Name Middle Last Name

Address

City State Zip/Postal Code

E-mail Address Country

Phone Fax

Fees: SINGLE ANNUAL MEMBERSHIP \$35
LIFETIME MEMBERSHIP \$500

Payment in U.S. dollars \$ _____

Total amount enclosed \$ _____

Method of Payment:

Check enclosed. All checks must be in US Dollars and drawn on a US bank.

Please charge: VISA MasterCard
 Discover American Express

Cardholder name: _____

Card number: _____

Expiration date: _____

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Fax: (401) 831-8707
Email: SaratogaMuseum@aol.com
Website:
<http://www.saratogamuseum.org/>

Please send information about planned giving and other potentially tax-deductible ways in which I can support the Saratoga project.