

AMERICAN MILITARY HERITAGE FOUNDATION

PO Box 29061 • Indianapolis, IN 46229

Name:		Spouse:
Mailing Address:		
City:	State:	ZIP:
Phone Numbers -		
Home: ()	Work: ()	Cell: ()
Occupation:	Email:	

Select a Member Level

Standard Level:	Benefactor Level:		
• Student = \$35.00 annual dues	Observer = \$100.00 annual dues		
Single = \$50.00 annual dues	Fighter = \$250.00 annual dues		
Family = \$65.00 annual dues	Bomber = \$500.00 annual dues		
* The American Military Heritage Foundation is a 510(c)(3) tax exempt museum. All dues and donations are tax deductible within the limits and proceedures of the law.	O Life Member = \$750.00		

How did you find out about the American Military Heritage Foundation?

Make sure to fill out the member questionnaire on the second page so we can match your skills and experience with AMHF volunteer opportunities!

Signature _____ Date _____ Return your completed and signed application, along with your dues payment (check or money order - no cash please) to the address at the top.

Thank you for joining AMHF



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Membership Questionnaire

Occupation:				
•	sted in volunteering for an lich you have the appropri			
Administration	Aire	craft Restorati	on	
Accounting	Ele	ectronics/Avionics		
FundRaising	Str	Structural		
Membership	En	gines		
Secretarial				
Flight Operations	На	ng a r Operatior		
Mechanic, AP			13	
License type				
Pilot		ousekeeping ook / Lunches		
Ratings		JOK / LUTICITES		
Hours				
A/C types	Ma	rketing		
	Ad	vertising		
Crew Coordination	Pu	blic Relations		
Air Show Booking	PX	Support		
Other				
Please describe:				

Signature ___

Date

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