



PA National Guard Military Museum Association

BLDG 0-11
Fort Indiantown Gap
Annville, PA 17003-5003
717-861-2402

WWW.PNGMILITARYMUSEUM.ORG

Application for Membership

1. Personal Information

Your personal information will be used to maintain membership rosters and to send you information regarding your membership or upcoming events and activities. We do not sell our membership list to outside groups.

Full Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Email Address: _____

Would you like to receive the newsletter by (choose one): US Mail or email

Phone Number: Home: () _____ Work: () _____ Cell: () _____

2. Tell Us about Your Military Service (If Any)

	Regular	Reserve	National Guard	Retired Military 20 year
U.S. Army	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Navy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
U.S. Air Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Marine Corps	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
U.S. Coast Guard	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

No Military Service

Non-U.S. Military Service

Military Units Served With: _____

3. Select a Level of Membership

Please select a level of membership. All dues are annual. Please make checks or money order payable to: "PA National Guard Military Museum Association." The PNGMMA is a 501(c) (3) Non-profit organization recognized by the Commonwealth of Pennsylvania. Please send the application form and payment to the above address.

Individual (\$15) Family (\$30) Business (\$100) Life (\$250) Other Gift Amount \$ _____

MUSEUM STAFF ONLY

DATE RECEIVED: _____ DATE ENTERED IN PP _____

MEMBERSHIP TYPE: _____ MEMBERSHIP NUMBER: _____

TOTAL AMOUNT RECEIVED: _____ N _____ R _____ PPL _____ MO _____ CK _____ CA _____