THE COLD WAR MUSEUM

Individual Membership

I want to help preserve the important lessons of the Cold War and honor those who fought for Freedom!

NEW MEMBER INFORMATION:

NAME: Mr./Mrs./Ms.

TITLE:

ADDRESS:

CITY:

STATE/PROVINCE: ZIP:

COUNTRY:

PHONE:

EMAIL ADDRESS:

Membership and Payment Options:

____ I wish to become a Founding Member at the following level (choose one):

____ Basic($25) ____ Friend ($75) ____ Patron ($150)

____ Benefactor ($300) ____ Guardian ($600) ____ Freedom Circle ($1,200)

____ As a Sustaining Member I will make monthly payments of $ _____ ($25 minimum)

____ In addition, I am sending a tax-deductible donation of $_____ to help the museum!

____ I am enclosing a check payable to The Cold War Museum

____ I am paying by credit card at:

____ Pay Pal (www.paypal.com)
____ Just Give (www.justgive.org)
____ Network for Good (www.guidestar.org)

(*Sorry, we are not yet yet equipped to receive credit card transactions directly*.)

Over, please…

Help us get to know you better (optional):

COLD WAR SERVICE (military or civillian):_____

COLD WAR INTERESTS:_____

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Get Involved!

In addition to membership, I would like to volunteer for:

____ Docent service at the Museum

____ Occasional Events/Support

____ Finding new members or donors

____ Speaking Engagements

____ I have these interests or expertise and would like to put them to work for the Museum:

_____

____ Please have a board member call me to discuss ways I might be of service.

Membership Benefits Include:

1. Cold War Times newsletter
2. Use of the museum for social/business events (cleaning & overhead fees apply)
3. Recognition in Museum printed materials and website
4. Access to a growing membership community of Cold War historians, veterans, civilians and others dedicated to preserving Cold War history.

Please print and mail this form to:

The Cold War Museum
PO Box 861526
Vint Hill, VA 20187