



Membership Application Form (New/Renewal)

JOIN US!

China Lake Museum Foundation
PO Box 217
Ridgecrest, CA 93556-0217
(760) 939-3530 - Fax (760) 939-0564
www.chinalakemuseum.org



The China Lake Museum Foundation invites you to participate in the advancement of our new museum — one that will preserve and display accomplishments in Naval Aviation R&D, with a special focus on China Lake and its military/civilian/industry teamwork. Dedication and skill have resulted in technological advancement and development of Air Weapon Systems which are unsurpassed and discoveries that have been applied to everyday life.

The rich heritage and memories of China Lake's achievements — past, present and future — are unique and irreplaceable. Join us to preserve the history of the "grand experiment" for generations to come. Your tax-deductible Foundation donation will help support our goal of developing a new museum outside the China Lake main gate.

The China Lake Museum Foundation is incorporated in the State of California as a non-profit foundation for educational purposes. The foundation is recognized by the Internal Revenue Service as a charitable organization as described in Section 501(c)(3). Donors and members, therefore, may deduct contributions and gifts to the Foundation to the fullest extent of the law.

Enclosed is my donation for the membership I have chosen.

- Individual/Family Member - \$25 annually
- Enlisted Military Member - \$8 annually
- Sponsor Member¹ - \$33 annually
- Contributor Member - \$100 annually
- Benefactor Member - \$500 annually
- Lifetime Member - \$1000 once, or \$500 twice consecutively per annum, or \$250 four times consecutively per annum
- Business Member - \$1,000 annually
- Business Sponsor Member - \$500 annually
- Business Contributor Member - \$100 annually

¹Sponsorship of an Enlisted Family in addition to your own Individual/Family membership.

Volunteer Work (Area of Interest) _____

METHOD OF PAYMENT

Check or money order enclosed (**Please No Cash or COD**)

Payable to: China Lake Museum Foundation

Charge My: VISA Master Card
 Discover* American Express

CREDIT CARD NUMBER: _____

* 3 DIGIT CARD VERIFICATION CODE: _____

Expiration Date: _____

Issuing Bank: _____

Signature: _____

Name _____ Spouse's Name _____

(Name or Business Name)

Point of Contact (Business Only) _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Telephone () _____ Date _____