



# The Pennsylvania National Guard Military Museum

BLDG T-8-57

Fort Indiantown Gap

Anville, PA 17003-5003

[WWW.PNGMILITARYMUSEUM.ORG](http://WWW.PNGMILITARYMUSEUM.ORG)

## Application for Membership

Thank you for your interest in joining the Pennsylvania National Guard Military Museum. Please take a moment to complete this application.

### 1. Personal Information

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

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

E-Mail Address \_\_\_\_\_ Telephone (H) \_\_\_\_\_

### 2. Tell Us About Your Military Service (if any)

While military service is **not** required for membership, many of our members are current or former service men and women. Knowing our members' military affiliation helps us gear our programs towards their interests.

	Regular	Reserve	National Guard or Naval Militia	Veteran or Retiree
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"/>	<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"/>

Military Unit Affiliation \_\_\_\_\_ No Military Service  Non-U.S. Service

### 3. Select a Level of Membership

Please select a level of membership. All dues are annual. Please make checks payable to: "**PA National Guard Military Museum.**" The PNGMM is a 501(c) (3) Non-Profit Organization.

Individual (\$10)    Family (\$25)    Business (\$50)    Other Gift \_\_\_\_\_

### 4. Send It In

Mail this application along with a check for the appropriate amount to the address above.

#### MUSEUM STAFF ONLY

DATA RECEIVED \_\_\_\_\_ DATE ENTERED IN PP \_\_\_\_\_

MEMBERSHIP TYPE \_\_\_\_\_ MEMBERSHIP NUMBER \_\_\_\_\_

TOTAL AMOUNT RECEIEVED \_\_\_\_\_ N\_\_ R\_\_ PPL\_\_ CK\_\_ CA\_\_