

B. Become a Member of the Museum



MUSEUM MEMBERSHIP APPLICATION

Regular Member	\$30
Family	\$50
Patron	\$100
Bronze	\$250
Silver	\$500
GOLD	\$1000

Name _____

Address _____

City/State/Zip _____

Telephone _____

(circle one) Visa Master Card

Card Number _____

Expiration Date _____

Signature _____

MAIL THIS APPLICATION TO:

12TH Armored Division Memorial Museum
1289 North 2nd Street
Abilene, TX 79601