



Membership Form

Date: _____

Name: _____

Address: _____

City: _____ Prov.: _____

Telephone: _____

E-mail: _____

Membership: \$ 25.00

Donation: \$ _____ Total enclosed: \$ _____

Please make cheques payable to:

A.V. Roe Canada Aviation Museum

Please mail cheque to the address below:

A.V. Roe Canada Aviation Museum Association
20, 229 Avro Lane NW
Calgary, Alberta,
Canada T3Z 3S6

Thank you for your support!

Privacy statement: Membership information requested is for keeping members apprised of Avro Museum activities and will never be sold or passed on to any other organization.