



Membership/Donation

Date: _____

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone: _____

E-mail: _____

Membership Options:

Annual \$ 25.00; Five Year \$100; Lifetime \$500

Donation: \$ _____ Total enclosed: \$ _____

Please make cheques payable to:

A.V. Roe Canada Aviation Museum

Thank you for your support!

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

Please mail cheque to the address below:

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