APPLICATION FOR MEMBERSHIP IN CLEVELAND GRAYS ARMORY MUSEUM

Date:_____

Name_____
Last First Middle

Home Address_____City_____

State_____Zip_____Home Phone_____Cell_____

E-Mail_____Age_____Date of Birth_____

Occupation_____

Memberships in professional societies_____

Prior Military Service: (Circle) Yes No If Yes: Branch _____

Notification Preference (Circle One) EMAIL MAIL BOTH

Rank Preference of Committee Service 1-5. Number 1 being your first choice.

_____Museum Preservation
_____Building
_____Range
_____Volunteer Outreach
_____Events

Active Member $75.00_____Senior (over 65) $37.00____

Make checks payable to Cleveland Grays Armory Museum

_____
Signature of Applicant

Cleveland Grays Armory Museum
1234 Bolivar Road
Cleveland, OH 44115
216 621 5938 ~ 216 621 5941 {fax}
WWW.GraysArmory.Com
Like us on Facebook.com/GraysArmory

Sworn in by Date

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