

DAHf Membership Form

Enclosed is my check for \$_____ to cover annual membership in the following category (check one).

- Individual Member** **\$25**
- Individual Patron** **\$250**
- Corporate Sponsor** **\$1000**
- Gold Corporate Sponsor** **\$2500**

Name _____

Affiliation _____

Address _____

Address (cont'd) _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date _____

Mail to:

Delaware Aviation Hall of Fame
P.O. Box 4303
Greenville, DE 19807-0303