

# 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**
- Platinum Corporate Sponsor \$5000**

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**