

Mitchell Gallery of Flight Membership Form

Please print this form, complete and mail with check or money order payable to:

Friends of the Mitchell Gallery of Flight
c/o Milwaukee County Airport Division
5300 South Howell Avenue
Milwaukee, WI 53207-6189

Date: ___/___/___

Name: _____

Organization/Business: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip/Postal Code: _____

Email address: _____

Country: _____

Circle your membership choice below:

Annual Individual Membership	\$10.00
Annual Family Membership	\$15.00
Annual Contributing Membership	\$25.00
Annual Corporate Membership	\$250.00

Thanks for joining the Mitchell Gallery!

For further information Call: 414-747-4503 or email us at FlyMitchell@MitchellGallery.org

Office Use Only:

Received: _____ By: _____ Sent: _____