



Corporate Council Membership Form

New Application **Membership Renewal** (if renewing – please note any changes)

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Web Address: _____

Company Representative:

Primary: _____ email: _____

Phone: _____

Annual Membership Contribution

*See Corporate Council Member Benefits for membership levels

wmof.com accepts checks, VISA, MasterCard, and American Express

- \$1,000 Bronze Level
- \$2,500 Silver Level
- \$5,000 Gold Level
- \$10,000 Platinum Level

To pay by check, remit this form along with payment:

Payable to: Western Museum of Flight
3315 Airport Drive, Torrance, CA 90505

Charge my VISA, MasterCard, and American Express, A 3.5% processing fee will be included

Credit Card # _____

Expiration Date: _____ CVC: _____

Name of Cardholder (please print): _____

Billing Address of Cardholder: _____

Email address of Cardholder: _____

Signature: _____