



P.O. Box 195
Minot, ND 58702

(701) 852-8500

Name(s): _____ Date: _____

Address: _____

Business Phone: _____ Home Phone: _____

Contact Person if Business Member: _____

Type of Membership: (please check)

- Business Lifetime: \$300.00 Family Lifetime: \$300 Individual Lifetime: \$200
 Family Annual: \$45 Individual Annual: \$35

I (we) wish to further support the work of the Dakota Territory Air Museum with a contribution of:

\$25 \$50 \$100 \$250 Other, in the amount of: \$ _____

(This gift is tax-deductible to the extent allowable by law.)

Amount paid with application \$ _____

Signature _____