



AEROSPACE MUSEUM SOCIETY
COSFORD, SHIFNAL, SHROPSHIRE, TF11 8UP
 Telephone 01902 376200

MEMBERSHIP APPLICATION FORM 2012/13

PLEASE WRITE CLEARLY **Your form may be returned if boxes with**
RED headings are not filled in

Mr Mrs Miss Ms		Surname		Forenames		
Last Years Membership Number No /2011		Type of Membership →	FULL £15.00	OAP (over 65) £8.00 Junior(12-18) £8.00	Full + 1 £ 23.00 FAMILY * (£15.00 + £8.00)	OAP+1 £16.00 FAMILY * (£8.00 + £8.00)
Active / Working Member PLEASE CIRCLE YES / NO			No of Years a Member	Partners Name & Membership No. (For Family & Junior Application)		
Age if under 18 * **		Parent or Guardian's name and Membership No **				
House Name or Number			Street			
Town			County			
Postcode			Telephone			
E mail address						
Name requested on Membership Badge						
Any major health problems						
Emergency contact Nos. Family or Friend						
Special interests in Museum Activities						

PLEASE NOTE—NEW APPLICATIONS MADE Jan 1st till March 30th will be valid until March 31st the following year. All other applications expire on the following March 31st

Please complete ALL boxes relevant to your application
 * This is ONLY available to a Members' PARTNER or SPOUSE — NOT a JUNIOR relation
 ** This must be completed for JUNIOR MEMBERSHIP applications (Minimum age 12 Years)
 Please Note:- A Junior Member must be proposed by a CURRENT Full, OAP or FAMILY Member,
 This person will be responsible for this JUNIOR Member whilst he/she is in the MUSEUM Complex

OFFICIAL USE ONLY BELOW THIS LINE

Date Received	Receipt No	Cash / Cheque	Date Returned	Signed
	/2012			