



HALL OF FLAME

MEMBERSHIP FORM

Fill in the appropriate fields and then print out this form.

Use (ctrl) P on windows and (cmd) P on mac.

Mail or Fax the form and your payment to:

Hall of Flame, 6101 East Van Buren St., Phoenix, AZ 85008.

Fax to: (602) 275-0896.

(Please make checks payable to the Hall of Flame Museum of Firefighting)

Join over the phone by calling:

(602) 275-3473

Membership Form

YES, I've reviewed the membership categories. Please begin my membership as a (an):

- | | | |
|-------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> \$35 Associate | <input type="checkbox"/> \$40 Family | <input type="checkbox"/> \$65 Black Helmet Brigade |
| <input type="checkbox"/> \$65 Fire Professional | <input type="checkbox"/> \$100 Red Helmet Brigade | <input type="checkbox"/> \$250 White Helmet Brigade |
| <input type="checkbox"/> \$500 Contributing | <input type="checkbox"/> \$750 Sponsor | <input type="checkbox"/> \$1,000 Benefactor |

Membership benefits include: newsletter, a 10% discount on all store sales, and more.

Payment by check. Amount: \$ _____ Check #: _____

Payment by Credit Card. Please bill my Visa MasterCard Amex

Card Number:

Expiration Date:

Signature:

Name (please print):

Day Phone:

eMail:

Street:

City:

State/Province:

Zip:

Country: