USS Midway Museum Membership Benefits DISCOUNTED for our Midway Veterans!

PLEASE PRINT LEGIBLY to ensure that you receive your Membership benefits. We do not share your information with other organizations or Members.

Title:	Name:			Suffix:
	(First)	(MI)	(Last)	
Address:				
City:			State:	Zip:
Phone: (Hom	e)	(Ce	II)	
Email:				
Dates serve	d aboard USS Midway: (Fror	n MM/YYYY)	(To MI	M/YYYY)
Workplace :	aboard USS Midway:			
Highest rati	ng or rank attained ABOARD	USS MIDWAY (i.e.	"MM1," not "E6"):	
Highest rati	ng or rank attained IN THE N	/IILITARY (i.e. "MM:	1," not "E6"):	
Military Ser	vice Number (before 1972):		Military branch:	
Retired fror	m military: Yes	No Active D	uty (currently): Yes	No
[]I want	LL OUT APPLICABLE INFOR the FREE Lifetime Individual losed is my Membership upg	Membership for M	idway Veterans	Level:
[] I wish t	o make an additional donati	on of \$		
TOTAL PAY	/MENT AMOUNT:			
	/MENT AMOUNT:heck payable to <i>The USS Mid</i>			
[] Make c		dway Museum	[] American Express	[] Discover
[] Make o	heck payable to <i>The USS Mid</i>	dway Museum		
[] Make of OR Credit	heck payable to <i>The USS Mid</i> Card Type: [] Visa	dway Museum		
[] Make of OR Credit Name on O	heck payable to <i>The USS Mid</i> Card Type: [] Visa Credit Card:	dway Museum [] MasterCard	Ехр	