

# North Charleston and American LaFrance Fire Museum and Educational Center



**Membership Type:**  New  Renewal  Gift

**Choose your level of Membership:**

Individual \$35 (1 adult 2 children)

Family \$55 (2 adults 4 children)

Mr.  Ms.  Mrs.  Miss  Dr.  Mr. and Mrs.

\_\_\_\_\_  
Your Name  
(Please print as it should appear in Membership materials)

\_\_\_\_\_  
Address Apartment #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Business Phone

\_\_\_\_\_  
E-mail Address

**Family Membership Information:**

Mr.  Ms.  Mrs.  Miss  Dr.  Mr. and Mrs.

\_\_\_\_\_  
Name of second card holder

Relationship of second card holder  
(for mailing purposes):

Spouse/Partner  Family Member  Friend

**Payment**

Membership Dues \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Cash  Visa  MasterCard

\_\_\_\_\_  
Credit Card Number Expiration Date  
(No Personal Checks)

**If Membership is a gift, please complete below:**

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
Recipient Address Apartment #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Recipient Phone

\_\_\_\_\_  
Message to Recipient

**Please return completed application to:**

North Charleston and American LaFrance  
Fire Museum and Educational Center,  
4975 Centre Poine Dr, North Charleston, SC 29418