



WALTER P. CHRYSLER MUSEUM

MEMBERSHIP APPLICATION

Sign me up as a member of the Walter P. Chrysler Museum!

Please Print Clearly

First Name: _____ MI: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (10 digit): _____ E-mail Address: _____
 ___ Home ___ Business ___ Home ___ Business

Forward Newszine Delivery:

___ electronic copy (email) ___ paper copy (regular mail)

Help us reduce paper use & costs by choosing email.

Select Membership Program:

Enroll for 2 years and save 10% per year!

	1 year	2 year
Plymouth	___ \$45	___ \$81
Dodge	___ \$60	___ \$108
Hudson	___ \$125	___ \$225
DeSoto	___ \$250	___ \$450
LeBaron	___ \$500	___ \$900
Imperial	___ \$1,000	___ \$1,800

Payment Information:

___ Check or money order enclosed
 (payable to the **Walter P. Chrysler Museum Foundation**)

___ Please charge my:
 ___ American Express ___ Discover
 ___ MasterCard ___ Visa

Credit Card Number: _____

Exp. Date (month/year): _____

Billing Address Street #: _____ Billing Zip Code: _____



1954 Dodge Power Wagon

Please take a few moments to answer the following:

___ I am a Chrysler employee ___ I am a Chrysler retiree