



Västerås Aviation Museum
Exhibitions • Events • Simulators

Application for membership in Västerås Aviation Museum

First name: _____

Surname: _____

Address: _____

Zip code and City: _____

Phone: _____

E-mail: _____

Year of birth: _____

Signature: _____

Date and City: _____

I acknowledge that the above information is included in the Museums internal register of members. The register is not disclosed to third parties.

(Internal notes:)

Medlemsavgift betald, kr: _____

Ansökan godkänd, datum: _____

Ansökan godkänd av: _____

Registrerad i medlemsförteckningen: _____

The form is sent to: Västerås Flygmuseum, Hässlögatan 16, SE-721 31 Västerås, Sweden
