



ALBANY FIREFIGHTERS MUSEUM

532 Central Ave Albany, NY 12206 Phone 518-453-9748

Email: afd@albanyfirefightersmuseum.org

SUSTAINING MEMBERSHIP

I would like to become a Sustaining Member of the Albany Firefighters Museum.

I would like to donate \$_____ on a monthly basis OR I wish to pay in full for a 12 month membership

PER MONTH	YEARLY
\$5	\$60
\$10	\$120
\$20	\$240
\$30	\$360
\$40	\$480
\$50	\$600

Take payment from AFFCU account #_____

Payment will come from:_____

AFFCU Routing #: 221373202 Museum Acct #: 30510002

Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Ph#: _____ Email: _____

Signed: _____ Date: _____

CU USE ONLY:

Share to Share Start Date: _____

Share to Share End Date: _____

Completed by: _____