



PO Box 427 ·  
 Wilberforce, Ohio 45384  
 (937) 352-5084  
 www.blackmuseums.org

*(Please print)*

Organization/Institution \_\_\_\_\_

Member's Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

City / State / Zipcode \_\_\_\_\_

Phone / Fax \_\_\_\_\_

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

Website \_\_\_\_\_

Please check (✓) the appropriate membership category below:

**INDIVIDUAL MEMBERSHIP**

- Trustee/Board Member**                    \$ 75
- Scholar**    \$ 75
- Individual Member**                         \$ 55
- Student (ID required)**                     \$ 25

**INSTITUTIONAL / AFFILIATE MEMBERSHIP**

*(Annual Budget Level)*

- Under \$25,000**                                 \$ 125
- \$25,000 – \$100,000**                         \$ 175
- \$100,000 – \$500,000**                         \$ 300
- \$500,000 – \$1,000,000**                         \$ 500
- Over \$1,000,000**                                 \$ 1,000
- Affiliate Organization**                         \$ 500
- Corporate Sponsor**                             \$ 1,000

**TOTAL ENCLOSED**                             \$ \_\_\_\_\_

- New Member                     Renewal

# MEMBERSHIP APPLICATION

## MUSEUM SURVEY

**Description of Organization/  
 Institution:**

*(Check all that apply)*

- Archives / Library                                  Cultural Center
- Gallery      Historic House
- Historical Society                                    Museum
- Other \_\_\_\_\_

***(Individual Members only)***

Please indicate (✓) which of the following best describes your job:

- Administration
- Collections Management
- Conservation
- Curator
- Development
- Director / CEO
- Educator
- Exhibits
- Financial Officer
- Marketing
- Membership
- Public Relations
- Security
- Trustee / Board Member
- Visitor Services
- Volunteers

**Payment type:**

- Check/M.O. is enclosed (payable to **AAAM**)
- Charge my credit card:     Visa     MasterCard

Account No. / Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please return application to:**

**AAAM Membership  
 ATTN: William Billingsley  
 P.O. Box 427  
 Wilberforce, OH 45384**

**FAX: (937) 372-4690**

<b>OFFICE USE ONLY:</b>	Date Rcvd: _____	Check # _____	Amount \$ _____	Invoice # _____
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