



PO Box 427 • 1350 Brush Row Road
 Wilberforce, Ohio 45384
 (937) 376-4944, ext.123
 www.blackmuseums.org

MEMBERSHIP APPLICATION

(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

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) 376-2007

OFFICE USE ONLY:	Date Rcvd: _____	Check # _____	Amount \$ _____	Invoice # _____
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