



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 / Zip Code

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 # \_\_\_\_\_