



PO Box 427 ·
 Wilberforce, Ohio 45384
 (937) 352-5084
 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 _____

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

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

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

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