



P.O. Box 23698
 Washington, DC 20026
 202-633-1134 Office
 www.blackmuseums.org

MEMBERSHIP APPLICATION

Organization/Institution _____

Member's Name _____ Title _____

Mailing Address _____

Street Address (if different) _____

City _____ State _____ Zip code _____

Phone _____ Fax _____

E-mail Address _____ Website _____

ANNUAL INDIVIDUAL MEMBERSHIP (10% Discounted Membership)

- | | | | |
|---|--|--|-------|
| <input type="checkbox"/> Retiree | \$25 | <input type="checkbox"/> Two Year Membership | \$45 |
| <input type="checkbox"/> Student | \$25 | <input type="checkbox"/> Two Year Membership | \$45 |
| <input type="checkbox"/> Individual Member | \$55 | <input type="checkbox"/> Two Year Membership | \$99 |
| <input type="checkbox"/> Scholar | \$65 | <input type="checkbox"/> Two Year Membership | \$117 |
| <input type="checkbox"/> Trustee/Board Member | \$75 | <input type="checkbox"/> Two Year Membership | \$135 |
| <input type="checkbox"/> Lifetime Member | \$500 (payable in 5 annual installments) | | |

ANNUAL INSTITUTIONAL MEMBERSHIP

- | | | | |
|--|---------|--|---------|
| (Annual Budget Level) | | (10% Discounted Membership) | |
| <input type="checkbox"/> Under \$25,000 | \$125 | <input type="checkbox"/> Two Year Membership | \$225 |
| <input type="checkbox"/> \$25,000 - \$100,000 | \$175 | <input type="checkbox"/> Two Year Membership | \$315 |
| <input type="checkbox"/> \$100,000 - \$500,000 | \$300 | <input type="checkbox"/> Two Year Membership | \$540 |
| <input type="checkbox"/> \$500,000 - \$1,000,000 | \$500 | <input type="checkbox"/> Two Year Membership | \$900 |
| <input type="checkbox"/> Over \$1,000,000 | \$1,000 | <input type="checkbox"/> Two Year Membership | \$1,800 |

ANNUAL AFFILIATE MEMBERSHIP

- | | | | |
|--|-------|--|-------|
| (Annual Budget Level) | | (10% Discounted Membership) | |
| <input type="checkbox"/> \$0 - \$100,000 | \$125 | <input type="checkbox"/> Two Year Membership | \$225 |
| <input type="checkbox"/> \$100,000 - \$500,000 | \$250 | <input type="checkbox"/> Two Year Membership | \$450 |
| <input type="checkbox"/> \$500,000 - ABOVE | \$500 | <input type="checkbox"/> Two Year Membership | \$900 |

ANNUAL CORPORATE MEMBERSHIP

- Corporate Membership \$1,000

PAYMENT

Check or M.O.
 (Payable to AAAM)

Credit Card: [PayPal Online](#) or

 Name on Card

 Card Number/Expiration Date

 (Security # on back)

Billing Address:

 Street Address

 City, State, Zip

SEND APPLICATION TO:

AAAM Membership
 P.O. Box 23698
 Washington, DC 20026
StavelozA@si.edu

Please indicate which best describes your position:
(Check all that apply)

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

Please indicate which best describes your institution:
(Check all that apply)

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