

Membership Application

Please type or print clearly and enter information EXACTLY as it should appear in MAAM listings.

MAAM Federal Tax ID: 22-2313195
Membership is valid until June 30, 2011

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Website _____



PLEASE SELECT YOUR MEMBERSHIP CATEGORY (Enter dues amount at right)

INDIVIDUAL MEMBERSHIP	ANNUAL DUES
<input type="checkbox"/> Employed (Individuals working in museums / Independent museum professionals)	\$ 80
<input type="checkbox"/> Other [<input type="radio"/> Student / <input type="radio"/> Retired / <input type="radio"/> Volunteer]	45
INSTITUTIONAL MEMBERSHIP (Dues are based on annual budget size)	
<input type="checkbox"/> Below \$50,000	100
<input type="checkbox"/> \$50,000 – \$499,000	250
<input type="checkbox"/> \$500,000 – \$2,499,000	400
<input type="checkbox"/> \$2,500,000 & Above	600
CORPORATE MEMBERSHIP (Dues are based on number of staff)	
<input type="checkbox"/> Small Firm (2–4 Staff)	250
<input type="checkbox"/> Medium Firm (5–9 Staff)	400
<input type="checkbox"/> Large Firm (10+ Staff)	600

ANNUAL DUES SUBTOTAL
\$ _____

MULTI-YEAR MEMBERSHIP

2 Year Membership:
Annual Dues x 2 = \$ _____
DEDUCT 10% = \$ _____

3 Year Membership:
Annual Dues x 3 = \$ _____
DEDUCT 15% = \$ _____

TOTAL AMOUNT ENCLOSED
\$ _____

THANK YOU!! YOUR PARTICIPATION IS AS VALUABLE AS YOUR DUES PAYMENT.

METHOD OF PAYMENT

Check (payable to Mid Atlantic Association of Museums)
 Credit Card: American Express Discover MasterCard VISA
 Card # _____ 3- or 4-digit CVV# _____
 Name on Card (PRINT) _____
 Billing Address _____

 Authorized Signature _____ Expiration Date _____

FOR OFFICE USE ONLY:

Date Rec'd: _____
 Invoice #: _____
 Amount Paid: \$ _____