



Membership Registration

Individual Membership
 Institutional Membership
 Corporate Membership

Museum/Company Name _____

Name _____ Title _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail Address _____ Web Address _____

Type of Museum (Art, History, Children's, etc.) _____

Type of Organization (Corporate Membership Only) _____

Area of expertise or interest _____

_____ Institutional Memberships - Please list two additional contact people for your organization _____

Institutional Contact #2 _____

E-mail Address _____

Phone _____ Fax _____

Institutional Contact #3 _____

E-mail Address _____

Phone _____ Fax _____

Membership Fees

Individual Membership		Institutional Membership		Corporate Membership	
			<small>Based on annual budget</small>		
<input type="checkbox"/>	Patron \$75	<input type="checkbox"/>	Over \$1,000,000 \$200	<input type="checkbox"/>	\$100
<input type="checkbox"/>	Contributing \$50	<input type="checkbox"/>	\$500,000 - \$1,000,000 \$150		
<input type="checkbox"/>	Individual \$25	<input type="checkbox"/>	\$200,000 - \$499,999 \$125		
<input type="checkbox"/>	Student/Staff \$15	<input type="checkbox"/>	\$50,000 - \$199,999 \$100		
		<input type="checkbox"/>	Under \$50,000 \$50		

Complete form and mail with check payable to:
 Tennessee Association of Museums
 PO Box 330984
 Nashville, TN 37203