Champion Museums. Nurture Excellence.

CONTACT INFORMATION

NAME

TITLE

ORGANIZATION

ADDRESS
$\overline{\text { CITY / STATE / ZIP / COUNTRY }}$

EMAIL

PHONE

## CALCULATE DUES AND PAYMENT

## O Student

Must provide current ID from an accredited, degree-granting college or university

- Professional

Those who work for the success of museums. Check one:
O Museum staff (paid or unpaid)

- Trustee

O Independent Professional
Ally staff (staff of college/university, museum service organization, professional training program or other non-profit)
O Museum-related for-profit staff
Retired Professional \$50

PAYMENT:

| Dues: | $\$ \ldots$ |
| :--- | ---: |
| Subscription to Exhibition Journal: ${ }^{*} \quad \$ \ldots$ |  |

* \$25 (United States), \$31 (Canada/Mexico), \$39 (other International)
**Membership dues cover only $30 \%$ of the Alliance's operations. Please consider supporting the programs you care about with a tax-deductible contribution.

TOTAL AMOUNT DUE: = \$
Check/money order made payable to the American Alliance of Museums
○ Charge my:
$\bigcirc$ Visa
O MasterCard
American Express
Discover

CARD NUMBER

CARD EXPIRATION DATE
CCV \#

## SIGNATURE

