

Membership Individual

Champion Museums. Nurture Excellence.

CARD EXPIRATION DATE

SIGNATURE

CONTACT INFORMATION
NAME
TITLE
ORGANIZATION
ADDRESS
CITY/STATE/ZIP/COUNTRY
EMAIL
PHONE
CALCULATE DUES AND PAYMENT
 Student \$50 Must provide current ID from an accredited, degree-granting college or university
O Professional \$90
Those who work for the success of museums. Check one: Museum staff (paid or unpaid) Trustee Independent Professional Ally staff (staff of college/university, museum service organization, professional training program or other non-profit Museum-related for-profit staff
O Retired Professional \$50
PAYMENT: Dues: \$ Subscription to Exhibition Journal: * \$ Donation: ** +\$ *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:
○ Visa
CARD NUMBER

CCV #