



**American Federation of Arts  
Museum Membership Form**

Yes, I would like to join the AFA Museum Membership Program

Organization \_\_\_\_\_

Director \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

Preferred Contact \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

Head Curator \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Head Registrar \_\_\_\_\_

Web site \_\_\_\_\_

E-mail \_\_\_\_\_

Membership dues are based on your institution's annual operating budget.

Operating Budget

Annual Dues

Payment type

- Under \$500,000
- \$500,000-\$1 million
- \$1-2.5 million
- \$2.5-5 million
- \$5 million-10 million
- Over \$10 million

- \$ 250
- \$ 375
- \$ 475
- \$ 575
- \$ 675
- \$ 1,000

I have enclosed a check in the amount of \$\_\_\_\_\_.

- Please charge my:
- Visa
  - American Express
  - MasterCard

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name (as it appears on the card) \_\_\_\_\_

Signature \_\_\_\_\_

Type of Institution:             Art Museum             Art Center             Art Gallery             Combination Museum

Does your institution have a permanent collection?             Yes             No

Areas of art represented in permanent collection:

- African Art
- Architecture/Design
- European Paintings/Sculpture
- Photography
- American Art
- Asian Art
- European Prints/Drawings
- Other \_\_\_\_\_
- Ancient Art
- Contemporary/Modern
- New World

Governance:             Private             Municipal             University             Other

Number of paid staff \_\_\_\_\_            Number of volunteers \_\_\_\_\_            Institution founding date \_\_\_\_\_

Is your institution accredited by the American Association of Museums?             Yes             No

Is your institution's director a member of the Association of Art Museum Directors?             Yes             No