

Your invitation to join...



Yes! I will join or renew at the following level:

- | | |
|--|-------|
| <input type="checkbox"/> Student | \$25 |
| <input type="checkbox"/> Individual | \$50 |
| <input type="checkbox"/> Small Museum (under \$50,000 budget) | \$50 |
| <input type="checkbox"/> Midsize Museum (under \$100,000 budget) | \$75 |
| <input type="checkbox"/> Midsize Museum (under \$500,000 budget) | \$100 |
| <input type="checkbox"/> Large Museum (over \$500,000 budget) | \$150 |
| <input type="checkbox"/> Corporate | \$300 |

Member Name: _____

Primary Contact Person: _____

Mailing Address: _____

Phone: _____ Email: _____

Annual Budget: _____ Annual Visitors: _____

Type of Museum:

- | | |
|---|--|
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Children's/Youth |
| <input type="checkbox"/> Arboretum / Botanical Garden | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Art | <input type="checkbox"/> Historic House/Site |
| <input type="checkbox"/> Natural History / Anthropology | <input type="checkbox"/> Historical Society |
| <input type="checkbox"/> Nature Center | <input type="checkbox"/> History |
| <input type="checkbox"/> Science/Technology | <input type="checkbox"/> Other _____ |

Interests:

- | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Workshops | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Conference | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Networking | <input type="checkbox"/> I would like to serve on the IAM Board | | |

Fill out the form and mail your payment to:

Illinois Association of Museums
1 Old State Capitol Plaza
Springfield, IL 62701

QUESTIONS? Contact:

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