



MEMBERSHIP APPLICATION

Name:

Title:

Institution:

Mailing Address:

City:

State:

Zip:

Site Address:

City:

State:

Zip:

Phone:

Email:

Website:

Additional emails to send electronic announcements:

NEW MEMBER or **MEMBERSHIP RENEWAL** (*Please check one*)

MEMBERSHIP LEVEL (*Please check one*)

INDIVIDUAL:

- \$15.00 **Student**
 \$15.00 **Retired**
 \$25.00 **Professional** - Museum Staff, Volunteer, Board Member

INSTITUTIONAL:

- \$50.00 **Level 1** - Institutions with an annual operating budget under \$50,000.00
 \$100.00 **Level 2** - Institutions with an annual operating budget between \$50,000 - \$199,000
 \$150.00 **Level 3** - Institutions with an annual operating budget between \$200,000 - \$499,000
 \$200.00 **Level 4** - Institutions with an annual operating budget between \$500,000 - \$1,000,000
 \$250.00 **Level 5** - Institutions with an annual operating budget of \$1,000,000+

Please send this form and payment to:
Mississippi Museums Association, P.O. Box 638, Jackson, MS 39205