

Application for Membership

The USFFM invites YOU to join.

MEMBERSHIP FORM

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This is my Home \_\_\_ Office \_\_\_ address.

Membership Categories:

Museums	\$100
Museum Associations	\$150
Individual	\$ 75
Under 36 years of age	\$ 45
Family	\$100
Supporter	\$ 250
Patron	\$ 500
Benefactor	\$1000
Corporate	\$2000

Total Amount: \$ \_\_\_\_\_

The USFFM is a 501 ( c) (3) charitable organization for US income tax purposes.

Checks should be made payable to USFFM and sent with a copy of this form to:

USFFM  
Suite 1200  
1050 Connecticut Avenue, NW  
Washington, DC 20036-5137