

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
2001 K Street N.W., Suite 400
Washington, DC 20006--1040