



Academic/Research Institution Member Application

Contact Information

_____ Name	_____ Title
_____ Organization	
_____ Address	_____ City, State, Zip
_____ Phone	_____ Fax
_____ Email	_____ Organization Web site

Membership Dues

Academic/Research Institution **\$475**

All memberships must be prepaid. ACM dues are annual and rolling based on the date membership dues are first received.

Method of Payment

MasterCard American Express Visa Discover Check (payable to Association of Children's Museums)

_____ Card Number	_____ Expiration Date	_____ Security Code	_____ Billing Zip Code
_____ Name (as it appears on the card)		_____ Authorization Signature	

Three Easy Ways to Join

- 1) Fax completed form with credit card information to 703.224.3099, or
- 2) Email completed form with credit card information to Membership@ChildrensMuseums.org , or
- 3) Mail completed form, along with payment, to ACM, 2500 South Clark Street, Suite 600, Arlington, VA 22202

Questions?

Contact: Membership@ChildrensMuseums.org or 703.224.3100.