

## Individual Member Application

### Contact Information

_____ Name	_____ Professional Title
_____ Address	_____ Name of Museum (if applicable)
_____ City, State, Zip	_____ Phone
_____ Email	

### Membership Categories & Dues for Individuals

- Friends of the Field** **\$125**  
*This category is for individuals who are retired or are working at a museum or other nonprofit institution.*
- Student** **\$100**  
*This category is only open to full-time students (12 credit min.) in a degree-granting program. Note: Full-time museum employees do not qualify for this category. Students, please submit a copy of your current student ID with your membership application.*

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

### 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 actually appears on the card)		_____ Authorization Signature	

### Three Easy Ways to Join

1) Fax the completed form with credit card information to 703.224.3099; 2) Email completed form with credit card information to [Membership@ChildrensMuseums.org](mailto:Membership@ChildrensMuseums.org); 3) Mail completed form, along with payment, to ACM.

### Questions?

Contact: [Membership@ChildrensMuseums.org](mailto:Membership@ChildrensMuseums.org) or 703.224.3100.