



African American
AAMA
Museum of the Arts



Membership Application

Name: _____

Street Address: _____

City: _____

State and Zip: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Please select a Membership Package:

- _____ \$1,000 Lifetime Membership
- _____ \$500 Patron Membership
- _____ \$250 Organization/ Corporate
- _____ \$100 Supporter
- _____ \$35 Family
- _____ \$20 General Membership
- _____ \$10 Student (Age 6-18)
- _____ \$25 Senior Couple
- _____ \$15 Senior Single