



INDIVIDUAL MEMBERSHIP FORM

Effective November 1, 2012

Online membership available at www.indianamuseums.org

Individual: \$35

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Email: _____

URL: <http://www>. _____

Individual affiliated with AIM member institution: \$30

Name: _____

Job Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Email: _____

URL: <http://www>. _____

Student: \$15 (email copy of current student ID to tiffany@indianamuseums.org to complete membership)

Name: _____

College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Email: _____

URL: <http://www>. _____

Payment Information

Check Enclosed (Made payable to AIM or Association of Indiana Museums)

Please charge my credit card: MasterCard Visa American Express Discover

Account # _____ Expiration Date: _____ CCV* _____

Authorized Signature _____

Print Name on Card _____

Billing Address of Card (if not same as above) _____

*(3-digit security number on reverse of card)

THANK YOU!

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