



Membership Form

Source Code: AMNETO9

I would like to become a new Member or renew my Membership to the National Museum of the American Indian.

1. Please check one:

- Yes, I want to become a Member. (AMNETO9)
- Yes, I want to become a Member but I do not wish to receive any member benefits. (AMNETO9, Code M)
- Please renew my existing Membership. (RMNETO9).
My member number is _____

2. Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your phone number and email address will only be used by Member Services to contact you about your Membership. This information will NOT be shared with any other organizations.

3. Donation Information:

I wish to donate the following amount (please check one):

- \$25* \$35 \$50 \$100 \$250 \$500 \$1000 \$2500 \$5000
- Other: \$ _____
- *Lowest membership rate available.*

4. Payment Information: (Please make checks payable to NMAI/Smithsonian)

Credit card type (Please check one) Visa MasterCard American Express Discover

Card #: _____ Exp. date: _____

Name on card: _____

Signature: _____

- I have enclosed my personal check made payable to NMAI/Smithsonian (U.S. funds only).

Mail to:
NMAI
P.O. Box 23473
Washington, DC 20026-3473

Fax to:
NMAI
202-633-6920
Attn: Member Services