

AMM Membership Benefits

- ▶ **All members** receive the bi-monthly (six issues per year) newsletter, *News Brief*, containing in-depth features, updates on staff changes, and happenings in the Midwest museum community;
- ▶ **All members** receive an advance copy of the Preliminary Program and are able to attend the Annual Conference at a discounted rate (museum and business members may send staff at member rate based on the membership category selected);
- ▶ **Institutional Members** (a.k.a. Museums) receive FREE classified job and exhibition listings on the AMM website at www.midwestmuseums.org;
- ▶ **Personal and Institutional Members** qualify for certain scholarships and award programs;
- ▶ **Corporate Members** receive discounts on mailing labels, ads in the newsletter, a listing in the online Product & Services Directory, and the opportunity to participate in the AMM Exhibitor Hall at the Annual Conference;
- ▶ **Corporate Sponsors** receive logo recognition in all issues of *News Brief* along with a complimentary half-page ad in one issue, member mailing labels (1 request per year), and many other benefits, including waivers to attend the conference at the early-bird or reduced rate, and additional advertising discounts.

AMM Membership Rates

Individual Rates:

Donor	\$100
Regular	\$ 50
Student/Retiree	\$ 25

Institutional Rates:

100+ FTE's*	\$300
25-99 FTE's*	\$200
10-24 FTE's*	\$150
0-9 FTE's*	\$ 75
Library	\$ 50

Corporate Rates:

Sponsor	\$500
Large Firm (10+ Staff)	\$200
Medium Firm (5-9 Staff)	\$150
Small Firm (2-4 Staff)	\$100
Sole Proprietor	\$ 50

*FTE = Full Time Employees

----- AMM Membership Form -----

Name: _____ Title: _____

Institution: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Website: _____

Phone: _____ Fax: _____

Rate \$ _____ Membership Type: _____ **NEW** or **RENEWAL**

Additional gift of \$ _____ is enclosed for (circle one) the **endowment**, **annual appeal**, or **other**.

Check Enclosed (made payable to AMM) OR Charge my Credit Card (Visa or MasterCard)

_____ Exp. _____

Billing Address: _____ (If different from above)

Name printed on card: _____ Signature: _____

Return to AMM, PO Box 11940, St. Louis, MO 63112-0040

DEMOGRAPHIC INFORMATION

(Please respond so that we can properly evaluate our constituency and serve you better. Thank you!)

Museum Type: Art Museum Botanical Children's
 History Natural History Ethnic/Special Subject
 Science Zoo/Aquarium Other: _____

Staff Size: 0-9 10-24 25-99 100+ Not a museum employee

Museum Budget: Less than \$100,000 \$100,000 - \$250,000
 \$250,000 - \$500,000 \$500,000 - \$1 million
 \$1 million - \$ 2.5 million \$2.5 million or above

Your Position: Archivist/Researcher Board Member
 Collections/Registration Consultant/For-Profit
 Curatorial Development/Membership
 Director/CEO/Administration Education/Programming
 Exhibitions Evaluation
 Intern/Student Museum Store
 PR/Marketing Special Events/Projects
 Technician Visitor Services
 Volunteer Volunteer Coordination

Total Years in Museum Profession: _____