



Academic / Research Institution Member Application

Main Contact Information

_____ Name	_____ Title
_____ Institution	
_____ Academic Field	_____ Web site
_____ Address	_____ City, State, ZIP
_____ Phone	_____ Email

Academic / Research Institution Membership Dues

Academic/Research Institution **\$330**

Calculate Payment

ACM Dues: \$ _____

All memberships must be prepaid. Membership extends access to the Members Only Web site and special discounts on ACM publications, services and conference registration to all staff at that academic department or research institution. The main contact will receive a subscription to Hand to Hand; additional subscriptions for staff can be purchased at a discounted rate. ACM dues are annual and rolling based on the date membership dues is first received.

Method of Payment

MasterCard American Express Visa Discover Check (payable Association of Children's Museums)

_____ Card Number	_____ Expiration Date
_____ Name (as it appears on the Card)	_____ Authorization Signature

Three Easy Ways to Join

- 1) Fax this form with credit card information to 703-224-3099
- 2) Email this form with credit card information to Jeannette.Thomas@ChildrensMuseums.org
- 3) Mail this form, along with payment, to ACM

Questions?

Contact Jeannette Thomas, program officer, membership: Jeannette.Thomas@ChildrensMuseums.org or 703-224-3100.