

Museum Member Application

Main Contact Information

Organization

Name

Title

Address

City, State, ZIP

Phone

Fax

Email

Organization Web Site

Open Children's Museum Categories

- | | |
|---|---------|
| <input type="checkbox"/> Level 1 (under \$250,000 income) | \$330 |
| <input type="checkbox"/> Level 2 (under \$500,000 income) | \$660 |
| <input type="checkbox"/> Level 3 (under \$1 million income) | \$880 |
| <input type="checkbox"/> Level 4 (under \$3 million income) | \$1,210 |
| <input type="checkbox"/> Level 5 (under \$5 million income) | \$1,430 |
| <input type="checkbox"/> Level 6 (more than \$5 million income) | \$1,760 |
| <input type="checkbox"/> Sponsor Children's Museum | \$2,200 |

Special Museum Categories

- | | |
|--|-------|
| <input type="checkbox"/> Emerging Children's Museum | \$330 |
| <input type="checkbox"/> International Children's Museum | \$600 |
| <input type="checkbox"/> Affiliate Museum | \$880 |

Affiliate Museums includes science, art, history and other museums dedicated to serving children and families.

Calculate Payment

ACM Dues: \$_____ Optional ACM Reciprocal Program Dues \$225* Total Amount: \$_____

All memberships must be prepaid. One museum membership extends access to the Members Only Web site and special discounts on ACM publications, services and conference registration to all staff, board members and volunteers. The main contact for the museum 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

Two Easy Ways to Join

1) Fax this form with credit card information to 703-224-3099 or 2) Mail this form, along with payment, to ACM

Note: Emerging Museums must include a copy of the organization's 501 (c)(3) letter along with the membership form.

Questions?

Contact Jeannette Thomas, Program Officer, Membership: Jeannette.Thomas@ChildrensMuseums.org or 703-224-3100.

**Open museums are eligible to join the ACM Reciprocal Program, which will allow its members who join at a premium level to visit other participating ACM Reciprocal Program members free of charge. Visit the ACM Web site for program terms and details.*

Optional ACM Reciprocal Membership



ACM Reciprocal Program Contract Terms

- I agree to pay an annual fee of \$225 for 12 months of program participation, or prorated accordingly.
- I understand the ACM Reciprocal Program annual fee is added onto ACM dues beginning no later than the second year of participation.
- I agree to offer the ACM Reciprocal Program as a benefit for a premium family membership valued at least \$100.
- I agree to print/attach the ACM Reciprocal Program logo on membership cards of premium family members with the said benefit.
- I agree to provide free admission for a minimum 4 (four) individuals from the same household, one of which has a valid ACM Reciprocal Program membership and is present during the time of admission. These conditions apply to normal museum operating hours and extend to special exhibits.
- I understand that ACM Reciprocal Program privileges for members from other museums does not include discounts for gift shop or café purchases, parking, museum special events, programs, summer camps or birthday parties.
- In the event my museum decides to withdraw from the ACM Reciprocal Program, I understand my museum must give ACM one year notice from its renewal date, during which time the museum will be responsible for the Reciprocal Program dues. During this phase-out year, I agree not to extend the Reciprocal Benefits to new members. Further, the museum will continue to honor reciprocal membership cards from other participating museums. This is to ensure the integrity of the program.
- I agree to educate my museum staff members about the requirements to sell an ACM Reciprocal Program membership as well as how to admit ACM Reciprocal Program visitors.
- I agree to contact ACM immediately with any change to my museum's ability to honor all of the above listed agreements, and I understand only ACM can validate a geographic or residency exclusion from the ACM Reciprocal Program Participant Contract.

Museum:

Address:

City, State, Zip Code:

Phone:

Fax:

General Phone Number for Public:

Museum Web site:

Contact Person & Title:

Contact's Email address:

_____ **Yes!** I agree to participate in the ACM Reciprocal Membership Program.
Signature

Return this form to the ACM office with the Museum Member Application.