



Smithsonian
National Museum of African Art

Membership Form

I would like to become a member of or renew my membership to the
National Museum of African Art.

Please check one

- Yes, I want to become a member.
- Please renew my existing membership.

My member number is: _____

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.

Membership Level

Yes, I/we wish to join (or renew) as

- Donor \$50
- Supporter \$100
- Associate \$250
- Patron \$500
- Advocate \$1,000
- Benefactor \$2,500
- Contributor's Circle \$5,000
- Sponsor's Circle \$10,000

Payment Information

Enclosed is a check for \$_____ made payable to the National Museum of African Art.

Please charge \$_____ to

Visa

MasterCard

Discover

American Express

Account number _____

Expiration date _____

Name on card _____

Signature _____

I have included my company's matching gift form.

I would like my name to appear as above on any member listings.

I would like my name to appear as _____
on any member listings.

Mail to

Member Services

National Museum of African Art

Smithsonian Institution

MRC 708 P.O. Box 37012

Washington, D.C. 20013-7012