



## 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