

WMA Membership Application

Please select one of the following membership choices in the Washington Museum Association:

Personal

Organizational

_____ \$20 Individual

_____ \$30 Institutional (non-profit)

_____ \$10 Students

_____ \$100 Business/Commercial

_____ \$10 Senior, 62+

_____ \$100 Patron

Name _____
(Mr/Ms/Miss/Mrs or Organization Name)

Mailing Address _____

City _____ State _____ Zip _____

Location Address (if different) _____

City _____ State _____ Zip _____

Phone _____ FAX _____

email _____

website _____

For Organizational members, please name a representative who acts as voting agent and will receive WMA mailings:

Name _____
(Mr/Ms/Miss/Mrs)

Title _____

Please list the amount of your payment:

\$ _____ Membership dues

\$ _____ Additional tax deductible contribution

\$ _____ TOTAL (Check payable to WMA)

By selecting a higher category of membership or giving a contribution in addition to your membership, you promote the Association's goals. Thank you for your support!

Please mail your information and check to:
WMA, Attn: Membership Coordinator
P.O. Box 10633, Yakima, WA 98909