

National Association of Automobile Museums / Membership Application

Please print a copy and fax
or mail the completed application.

1. Levels and Dues

New Member Renewal

Museum Membership

(fee based on annual budget)

Nonprofit, tax-exempt For-Profit

\$1,000,001 and more = \$250

\$500,001 - \$1,000,000 = \$200

\$250,001 - \$500,000 = \$150

\$100,001 - \$250,000 = \$100

\$100,000 or less = \$75

Individual Membership

\$40 fee

Associate Organizations

\$150 fee

2. Benefits

- Listing of museum members on the NAAM website with links to your museum.
- Annual Conferences with informative sessions with topics on museum operations, networking opportunities and more.
- Quarterly newsletter, *NAAM News*, with up-to-date information about what's happening in the automobile museum field.
- NAAMY Awards of Excellence to promote professionalism, creativity and progressive management in automobile museum operations, programs and promotions.
- An opportunity to be part of an important organization dedicated to the advancement of automobile museums.

3. Collections Management CD

Purchase NAAM's Collections Management Policies and Procedures CD

Non-member = \$60*

Member = \$25

*Includes one new membership for one year.

4. Contributions

I would like to make a contribution in support of NAAM in the amount of \$ _____

5. Member Name and Contact Information

Museum Membership

Museums that pay museum membership fees based on their annual budget will be listed on the NAAM Website with a link to their museum. Please provide the following information for your museum listing:

Museum Name: _____

Museum Address: _____

City: _____ State: _____ ZIP: _____

Museum Telephone: _____

Museum Website: _____

Museum Contact (to receive *NAAM News*, email announcements, renewal notices, etc.)

Name: _____

Title: _____

Telephone: _____ E-Mail: _____

Individual **Associate Organization**

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ E-Mail: _____

6. Payment

\$ _____ NAAM dues

\$ _____ CD purchase

\$ _____ NAAM Contribution

\$ _____ Total Amount of check or to be charged to credit card

Check (make payable to National Association of Automobile Museums)

Visa Mastercard

Account number: _____ Expiration date: _____

Cardholder Name: _____

Signature: _____

Telephone: _____ E-Mail: _____

7. Submit Application

Fax or mail to: National Association of Automobile Museums

P.O. Box 271

Auburn, IN 46706

(260) 925-1444

Fax (260) 925-6266

