



MUSEUM OF AFRICAN AMERICAN HISTORY

Membership Form

YES, I want to be part of the Museum by:

- Becoming a member Renewing my membership Offering a gift membership

Name(s) _____

Address _____

City, State, Zip _____

Phone number _____

E-mail _____

If offering gift membership, please provide information for recipient:

Name(s) _____

Address _____

Message to recipient (if any) _____

Membership levels (check one):

- Lewis Hayden Individual Membership..... \$ 35
 Lewis Hayden Student/Senior Membership..... \$ 15
 Hamilton Sutton Smith Family Membership (up to four guests)..... \$ 75
 Hamilton Sutton Smith Family Membership (up to six guests)..... \$100
 Josephine Ruffin Preservation Membership..... \$125
 William Lloyd Garrison Leadership Membership..... \$ 500
 Legacy Society (min. \$1000 for five years).....\$1000
 I do not want to become a member at this time, but would like to make a gift of \$_____

Method of payment:

- Credit Card Check Cash

For credit card payments:

Name on card _____

Card type: Visa Mastercard AmEx Card # _____ Exp. Date _____

Authorized signature _____ Date _____

Please make checks payable to "MAAH."

Print and return completed form to: *Memberships*
Museum of African American History
14 Beacon Street, Suite 401
Boston, MA 02108
Fax (617) 720-5225

For membership inquiries please call (617) 725-0022 x23.