



MEMBERSHIP FORM

Members receive membership cards, certificates of membership, and museum communications.
Members at the Sustaining level and above also receive invitations to previews,
grand openings and special VIP events.

Membership Categories

_____	Individual	\$ 25	_____	Supporting	\$100-\$199
_____	Family	\$ 50	_____	Sustaining	\$200-\$499
_____	Youth/student	\$15	_____	Advancing	\$500-\$999
_____	Senior	\$20	_____	Life Member	\$1,000 includes free lifetime admission

_____ Business Member \$500 and above, includes business listing at museum events.

_____ I would like to pay now for three (3) years of membership.
(Multiply membership category by 3 and enclose payment)

_____ AMOUNT ENCLOSED (TOTAL OF ABOVE)

Name _____
 Street address _____
 City, state, zip _____
 Telephone number _____
 Email address _____

Your check should be made payable to the

Springfield and Central Illinois African American History Museum (SCIAAHM)
P.O. Box 301
Springfield, IL 62705-0301

Signature _____ Date _____

_____ I would like someone to contact me about the many volunteer opportunities at the
Museum

Thank You for Your Support