



## MEMBERSHIP APPLICATION

Members receive membership cards, the quarterly *Sojourner* newsletter and other 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	\$1000 includes free lifetime admission
_____	Business Member \$500-\$999, 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)

### PLEASE PRINT:

Name \_\_\_\_\_ Date: \_\_\_\_\_  
 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 \_\_\_\_\_

\_\_\_\_\_ I would like someone to contact me about volunteer opportunities at the Museum.

**Thank You for Your Support**

Museum address: AAHM, 1440 Monument Avenue, Springfield, IL 62702  
 Mailing address: AAHM, P.O. Box 301, Springfield, IL 62705  
 Tele: 217.391.6323, toll free 877.757.2246  
 Web site: [www.spiaahm.org](http://www.spiaahm.org), follow us on Facebook