



Council of American Jewish Museums

Institutional Membership Application

Institution:
Address:
Telephone:
Website:

Contact Name:
City, State Zip:
Fax:
Contact E-mail:

Institutional Data:

Year founded:
Annual attendance:
of paid staff:

Square footage of facility:
Annual budget: \$
of volunteers:

Types of Programs Sponsored By Your Institution:

- | | |
|--|---|
| <input type="checkbox"/> Permanent exhibitions | <input type="checkbox"/> Changing exhibitions |
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Performing arts events |
| <input type="checkbox"/> School programs | <input type="checkbox"/> Seminars and workshops |
| <input type="checkbox"/> Other | |

If applicable, number of changing exhibits per year:

If applicable, three highlights of your collection:

Other organizational memberships:

Contacts:

Please list up to five key staff members (where applicable), beginning with CEO/director:

Name	Title	E-mail:
1.		
2.		
3.		
4.		
5.		

Board Chair: _____ Term ends: _____

MEMBERSHIP LEVELS:

Institutional Budget below \$300,000	\$250
Institutional Budget \$300,000 - \$749,999	\$500
Institutional Budget \$750,000 - \$1.49 M	\$750
Institutional Budget \$1.5 M and above	\$1,000

Amount enclosed: _____

- Check payable to CAJM
- Credit card (Circle one) AE / MC / Visa

Name on card _____

Card # _____ Exp. Date _____ Security code _____

Please send application form and payment to:
 Council of American Jewish Museums | www.cajm.net
 P.O. Box 12025, Jackson, MS 39236-2025
 mhumphrey.cajm@gmail.com