



WFM MEMBERSHIP FORM

Name (Institutional Contact) _____ Title _____

Please note: This is the address to which we will send all mailings. If this is an Institutional Membership, please provide Institutional Contact

Institution _____

Mailing Address _____

City, State, Zip _____

Telephone _____ FAX _____

E-mail _____ Website _____

WFM Membership Levels (Membership Year is Jan. 1 through Dec. 31):

Institutional (Annual Budget)

- Less than \$350,000.....\$40
- \$350,000 or higher..... \$60

Individual (Annual Salary)

- Less than \$25,000.....\$15
- \$25,000 or higher..... \$25

Amount Included: _____

Please make checks payable to Wisconsin Federation of Museums (WFM).

Mail to:

**Beth Lemke, WFM Treasurer
 Wisconsin Federation of Museums
 P.O. Box 7672
 Madison, WI 53707**

We will be glad to provide workshop announcements and other WFM information via email to others, especially staff of institutional members, if additional E-mail contacts are provided:

Name: _____ E-mail _____

Name: _____ E-mail _____

Name: _____ E-mail _____