

★ Council of American Jewish Museums

Individual Membership Application

CAJM Individual Members are entitled to attend CAJM conferences, continuing education programs and special events; to participate in membership meetings and cooperative projects; to vote and hold office. They receive the CAJM newsletter and other communications.

Name: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Organizational Affiliation: _____

Professional background and/or community service: _____

Membership Levels:

| | |
|---------------------|---------|
| ■ GENERAL | \$75 |
| ■ CONTRIBUTING | \$250 |
| ■ SUSTAINING | \$500 |
| ■ PATRON | \$1,000 |
| ■ STUDENT (WITH ID) | \$36 |

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