



Institutional Membership Form

Basic Information

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

Website: _____ Email: _____

Hours Open to the Public: _____

Membership Type

(please check one)

- | | |
|--|--|
| <input type="checkbox"/> \$375 - Institution with budget of \$5,000,000 or more | <input type="checkbox"/> \$110 - Institution with budget of \$100,000 to \$249,999 |
| <input type="checkbox"/> \$300 - Institution with budget of \$1,000,000 to \$4,999,999 | <input type="checkbox"/> \$85 - Institution with budget of \$25,001 to \$99,999 |
| <input type="checkbox"/> \$225 - Institution with budget of \$250,000 to \$999,999 | <input type="checkbox"/> \$55 - Institution with budget of \$25,000 or less |

Exhibit Highlights: _____

VisitPA.com link: _____

History/About Statement: _____

Your membership registration will not be complete until we receive your payment.

Payment Information

To pay by check, make check payable to the:

**Pennsylvania Federation of Museums and
Historical Organizations
234 North Third Street, Third Floor
Harrisburg, PA 17101**

For credit card payments call:

**Donna Sadowski
717-909-4951**