MEMBERSHIP MEANS MORE ... RENEW TODAY!

INSTITUTIONAL MEMBERSHIP

Please update our records by making changes below or by logging into calmuseums.org:

Institution: ____________________________________________
Primary Contact: __________________________ Title: __________________________
Physical Address: __________________________________________
Mailing Address: __________________________________________
City __________________________ State: _______ Zip: __________________________
Phone __________________________ Email: __________________________
Institution’s Website: __________________________

CONNECT INSTITUTIONAL MEMBERSHIP

Visit calmuseums.org for a list of benefits.

This is a “pay what you can” membership level. Please enter the amount you are most comfortable with.

“Pay What You Can” Amount: $ __________

ENGAGE INSTITUTIONAL MEMBERSHIP

Includes additional benefits. Visit calmuseums.org for details. Membership fee is based on Institution’s annual budget.

- Over $7,500,000 ...........................................$1,500
- $1,500,000 — $7,499,000 ...............................$1,100
- $750,000 — $1,499,000 ..............................$825
- $500,000 — $749,000 ...............................$550

- $250,000 — $499,000 .........................$275
- $100,000 — $249,000 .......................$175
- $50,000 — $99,000 ...........................$80
- Under $49,000 ..............................$55

LEAD INSTITUTIONAL MEMBERSHIP

Includes additional benefits. Visit calmuseums.org for details. Membership fee is based on Institution’s annual budget.

- Over $7,500,000 .................................$2,250
- $1,500,000 — $7,499,000 ...............$1,650
- $750,000 — $1,499,000 ...........$1,250
- $500,000 — $749,000 ...................$825

- $250,000 — $499,000 ....................$425
- $100,000 — $249,000 .................$250
- $50,000 — $99,000 .................$125
- Under $49,000 ...........................$80

Payment method:  □ Check Enclosed  □ MasterCard  □ Visa

Credit Card Number ___________________________________ Expiration Date _____________
Cardholder’s Name __________________________ Signature __________________________

Please complete this renewal form and send it to:
P.O. Box 1455, Santa Cruz, CA 95061
or FAX 888-509-4827