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  ☐ $250,000 — $499,000....................... $275
☐ $1,500,000 — $7,499,000 ................. $1,100  ☐ $100,000 — $249,000........................ $175
☐ $750,000 — $1,499,000 .................... $825  ☐ $50,000 — $99,000............................ $80
☐ $500,000 — $749,000 ...................... $550  ☐ 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  ☐ $250,000 — $499,000....................... $425
☐ $1,500,000 — $7,499,000 ................. $1,650  ☐ $100,000 — $249,000........................ $250
☐ $750,000 — $1,499,000 .................... $1,250  ☐ $50,000 — $99,000............................ $125
☐ $500,000 — $749,000 ...................... $825  ☐ Under — $49,000 ............................. $80

Payment method: ☐ Check Enclosed ☐ MasterCard ☐ Visa

Credit Card Number _______________________________ Expiration Date _______ CVV Code _______
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