



Cultural Connections

Connecting the Bay Area Museum Community

Membership Application

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Email Address: _____

Type of Membership (Circle): _____

		Organization			
Professional	Student	1-20 staff	21-100 staff	101-300 staff	300+ staff



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Membership Receipt

Memberships are valid for one calendar year

Name: _____

Join Date: _____

Type of Membership (Circle): _____

		Organization			
Professional (\$35)	Student (\$15)	1-20 staff (\$100)	21-100 staff (\$150)	101-300 staff (\$250)	300+ staff (\$350)

Authorized Signature: _____