



Smithsonian

Membership Form

1. Please check one:

- ☐ I want to become a Member (K0000AD)
- ☐ I want to renew my existing Membership (K000RD), My member number is: _____

2. Benefits:

- ☐ Yes, I want benefits ☐ No, I do not want benefits

3. Contact Information:

Name: _____ Member #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your phone number and email address will only be used by Member Services to contact you about your Wellspring Society Membership. This information will NOT be shared with any other organizations.

4. Membership Level:

For a full list of membership levels and benefits, visit AmericanIndian.si.edu/give

- ☐ \$30* ☐ \$40 ☐ \$60 ☐ \$125 ☐ \$300 ☐ \$600 ☐ \$1,250 ☐ \$3,000 ☐ \$5,000
- ☐ Other: \$ _____

**Lowest membership rate available.*

5. Payment Information:

Please choose either Option A or Option B.

OPTION A: Check

- ☐ I have enclosed my personal check in the amount indicated in section 4, made payable to Smithsonian/NMAI.

OPTION B: Credit Card

- ☐ Please charge my credit card the amount indicated in section 4.

Credit card type (Please check one) ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card #: _____ Exp. Date: _____

Name on card: _____

Mail to:

NMAI Member Services, PO Box 23473, Washington DC 20026-3473