



Coastal Museums Association

P. O. Box 1073
Savannah, Georgia 31402-1073

MEMBERSHIP DUES September 1, 2009-August 31, 2010

Member Organization: _____

Organization Web Address: _____

Contact Name: _____

Email: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Dues are based on the participating organization's annual budget as follows:

<u>Budget</u>	<u>Dues</u>
To \$100,000	\$20.00
\$100,00-\$250,000	\$35.00
\$250,000 and up	\$50.00
Individual membership:	\$10.00

Membership Dues: _____

Donation to Kiah Scholarship Fund: _____

Donation to CMA Website Fund: _____

TOTAL AMOUNT ENCLOSED: _____

Will your organization participate in the Reciprocal Admissions program? Yes _____
No _____ (Please indicate preference.)

Note that only those institutions whose membership dues are received by September 15 will be included on the reciprocal admission card and CMA's website.

Please contact us if there is a problem with this deadline.

Please make your checks payable to Coastal Museums Association and mail to,
Post Office Box 11362, Savannah, Ga. 31412

DEADLINE IS SEPTEMBER 15, 2009.