

Small Museum Association Membership Application

Institution/Business: _____

Contact: _____

Mailing Address: _____

Tel: _____ Fax: _____

Email: _____

Website: _____

Some optional information that will help us to get to know you better and allow us to report back to you about the state of small museums...

Are you member based?	Y	N	Approx. # of members	_____
Do you have staff?	Y	N	Number of all staff	_____
Do you have volunteers?	Y	N	Number of volunteers	_____
Have you ever attended the SMA Annual Conference in Ocean City, MD?	Y	N		

Which category best fits your annual budget:

1-\$100,000	_____
\$100,001-\$200,000	_____
\$200,001-\$300,000	_____
\$300,001-\$500,000	_____
\$500,001-\$1,000,000	_____
\$1,000,000 +	_____

Which best describes your museum/business/self:

Historic House	_____	Conservation	_____	Interested Individual	_____
History Museum	_____	Exhibits	_____	Other	_____
Art Museum	_____	Fund-raising	_____	<i>Please describe:</i>	
Science Museum	_____	Storage	_____		
Wildlife Center	_____	Design	_____		

Please send this form and \$20 payment (business or personal checks, money orders or cashier's checks only, please) to:

Michael DiPaolo
c/o The Lewes Historical Society
110 Shipcarpenter Street
Lewes, Delaware 19958

Questions? Call 302-645-7670 or email mike@historiclewes.org

Please note that SMA's membership year is Mar. 1- Feb. 28