

Join, Renew or Give a Membership

I would like to join, renew or give an Institute of American Indian Arts Museum Membership.

1. My contact information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2. Recipient information (complete for Gift memberships only)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

3. Donation information

I wish to donate at the following level/amount (please check one):

- Individual \$40*+ Dual \$50+ Sponsor \$100+ Contributor \$250+
 Patron \$500+ Benefactor \$1000+ Director's Circle \$2500+

Other \$ _____

**Minimum Membership Level*

4. Payment information (Please make checks payable to IAIA Museum)

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

Card#: _____ Exp. Date: _____

Name on card: _____

Signature: _____

I have enclosed my check payable to IAIA Museum (U.S. funds only)

Mail to:
IAIA Museum
108 Cathedral Place
Santa Fe, NM 87501

Fax to:
IAIA Museum
505.983.1222
ATTN: Membership Services