



LOUISIANA
ASSOCIATION
OF MUSEUMS

Name: _____

Institution: _____

Title: _____

Mailing address: _____

Physical address: _____

Phone: _____ Email: _____

Are you associated with a parent institution?

- Yes
 No

If yes, please submit an attachment with the individual museum's you'll be registering with contact information for each listing. Select the parent institution's operating budget and add \$50 for each museum.

Institutional

- \$50 \$49,000 or under
 \$100 \$50,000 – \$100k
 \$125 \$100,001 – \$200k
 \$175 \$200,001 – \$500k
 \$225 \$500,001 – \$1 million
 \$350 above \$1 million
 \$50 parent institution (per museum)

Individual

- \$20 Student
 \$25 Professional (staff of member museum)
 \$40 Professional (staff of non-member museum)
 \$100 Advocate

Total Amount Due:

