



Wisconsin Federation of Museums

Affiliate Form

Name / Institutional Contact: _____

Title: _____

Institution: _____

Address: _____

City, State, Zip: _____

Telephone: (_____) _____

E-mail: _____

Website URL: _____

WFM Affiliate Levels:

Requires annual renewal, membership year is Jan. 1 through Dec. 31

Institutional Affiliate (Annual Budget)

Less than \$350,000..... \$40

\$350,000 or higher..... \$60

Individual Affiliate (Annual Salary)

Less than \$25,000..... \$15

\$25,000 or higher..... \$25

Current students..... \$15

Additional amount you wish to donate to WFM in support of our mission to Support Wisconsin museums and the Wisconsin museum profession: \$ _____

Total Amount Enclosed: \$ _____

Please make checks payable to Wisconsin Federation of Museums and mail to:

Wisconsin Federation of Museums
P.O. Box 468
Madison, WI 53701-0468