



Arizona Historical Society
Certified Museum Program

APPLICATION

New

Renewal

Date: _____

Name of Organization _____

Mailing Address _____

City _____ Zip _____

Physical Address _____

City _____ Zip _____

Phone _____ Email _____

Contact Person _____

Phone if different than above _____

Email if different than above _____

Date of Incorporation _____ 501(c)(3) Yes No

Mission Statement: Date Adopted _____ Date Revised _____

Attach a copy of current mission statement.

Not-for-Profit Status Current Yes No

By-laws Current Yes No

Governing Body Yes No

Elections Held Yes No

How often _____

Business Meetings Held

Yes

No

How often _____

Membership

Yes

No

Dues

Yes

No

Membership Levels

Volunteers

Yes

No

Approximate hours/year volunteer contribution _____

Collecting Institution

Yes No

Approximate % relating to Arizona history _____

Objects

Yes

No

Archives

Yes

No

Photographs

Yes

No

Other _____

Public Programs

Yes

No

Type _____

Educational Programs

Yes

No

Encourage Research

Yes

No

Exhibits

Yes

No

Approximate sq. ft. of exhibit space _____

Open to public a minimum of 208 Hours/Year

Yes

No

Regularly scheduled hours

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Regularly scheduled closings (holidays, etc.)

Significant changes from previous year Yes No **If so, please explain:**

I hereby affirm that the above information is correct.

Name President or Director (print) _____

Signature of President or Director _____

Date _____

*Return completed form to:
Todd Bailey
Arizona Historical Society
1300 N. College Ave.
Tempe, AZ 85281
tbailey@azhs.gov*