Membership Application

ARIZONA HISTORICAL SOCIETY

YES, I'D LIKE TO BECOME PART OF ARIZONA HISTORY

MEMBER INFORMATION

Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. _____

Company: _____

Address: _____

Phone: _____ Email: _____

☐ Please withhold my name from non-AHS related mailings.

MEMBERSHIP LEVEL

☐ Student ($25)
☐ Individual ($50)
☐ Institutional ($50)
☐ Household ($65)
☐ Steward ($100)
☐ Patron ($250)
☐ Ambassador ($500)
☐ Director's Circle ($1,000)
☐ Add Smithsonian Affiliate ($16)

BUSINESS MEMBERSHIP

☐ Business Ambassador ($500)
☐ Business Circle ($1,000)

PAYMENT

☐ Check enclosed ☐ Credit card (fill out below)

☐ VISA ☐ MasterCard ☐ AMEX

Name (as it appears on card): _____

Credit Card Number: | | | | | | | | | | | | | | | |

Expiration: _____ 3-digit CVV _____

Signature: _____

Your membership is associated with your regional museum/chapter unless you designate otherwise. Payment is tax deductible to the extent allowed by law. Consult your tax professional.

PLEASE MAIL WITH PAYMENT TO:

AHS Membership Services | 1300 N. College Ave. | Tempe, AZ 85281-1211

If you wish to gift a membership to someone, please provide us with all contact information for both the gift recipient and yourself or visit **azhs.org/membership**.