

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: _____ CWV _____

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.