

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Student (\$25) | <input type="checkbox"/> Individual (\$50) | <input type="checkbox"/> Institutional (\$50) |
| <input type="checkbox"/> Household (\$65) | <input type="checkbox"/> Steward (\$100) | <input type="checkbox"/> Patron (\$250) |
| <input type="checkbox"/> Ambassador (\$500) | <input type="checkbox"/> Director's Circle (\$1,000) | <input type="checkbox"/> Add Smithsonian Affiliate (\$20) |

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: _____ 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 85288

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.