



**Yes, I want to join CAAM!** Please print out form using your browser, fill it out and send it, along with your check/payment information to: California African American Museum, 600 State Drive, Exposition Park, Los Angeles, CA 90037

### Membership Level

- |                   |                      |
|-------------------|----------------------|
| Student - \$25    | Patron - \$250       |
| Individual - \$40 | Supporting - \$500   |
| Family - \$75     | Benefactor - \$1,000 |
| Friend - \$100    |                      |

### Member Information

Title:            Dr.            Mr.            Mrs.            Ms.  
Name:    First \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Payment Method

Check            Credit Card

**Check:** Please make it out to FRIENDS, Foundation of the California African American Museum

**Credit Card:** Please provide the following information:

Visa             MasterCard             American Express

Name as it appears on card: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Telephone:    Daytime \_\_\_\_\_ Evening \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_

I would like to learn more about the California African American Museum.

You may contact me by     Mail             Telephone             Email

Please add me to your mailing list (CAAM does not share its mailing list)