

MUSEUM OF THE NORTH

Yes, I want to be a member!

New member Renewal

- | | | |
|---|--------|------------------------|
| <input type="checkbox"/> Individual | \$50 | FULLY TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Couple | \$65 | FULLY TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Family | \$75 | FULLY TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Alaska Associate
(Alaska residents living more than 150 miles from Fairbanks) | \$30 | FULLY TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Advocate | \$125 | \$115 TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Donor | \$250 | \$230 TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Patron | \$500 | \$480 TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Collector's Circle | \$1000 | \$920 TAX-DEDUCTIBLE* |
| <input type="checkbox"/> Curator's Circle | \$2500 | \$2420 TAX-DEDUCTIBLE* |

Name as it will appear on membership card

(circle one) Mr. | Mrs. | Ms. | Miss | Mstr. | Dr. | Other _____

Second name (not for Individual Membership)

(circle one) Mr. | Mrs. | Ms. | Miss | Mstr. | Dr. | Other _____

Address _____

City | State | Zip _____

Home Phone _____

Work Phone _____

Email _____

Please add my name to the museum's email list for monthly updates on programs and events

Name(s) as it should appear on all printed lists (if different from above)

Attached is a check for \$ _____
check no. _____

(payable to the University of Alaska Museum of the North)

Please charge \$ _____ to my Visa MC

Credit card number: _____

Signature _____

Exp. date: month _____ year _____

My/my spouse's employer matches charitable contributions and I have attached my matching gift form.



**Please return
this form to
the museum
admissions
desk or mail
to:**

University of Alaska
Museum of the North
Attn: Membership Office
PO Box 756960
Fairbanks, AK 99775

For more information, call
907.474.6443 or e-mail
museum.membership@
uaf.edu.



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