



MEMBERSHIP APPLICATION FORM

Yes! I want to **JOIN** **RENEW** my membership to the Archives Partnership Trust

Membership Levels	One Year	Two Years
Friend/Family	\$35.00	\$65.00
Senior Citizen/Student	\$25.00	\$45.00
Non-Profit Organization	\$19.00	\$33.00
Supporter	\$100.00	\$180.00
Annual Fund Advocate	\$250.00	
Annual Fund Patron	\$500.00	

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____ Email: _____

Please send a GIFT of membership to the individual/organization below

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____ Email: _____

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Please send gift membership renewal notice to

Recipient Me

PAYMENT INFORMATION:

Membership Fee(s) \$ _____

Annual Appeal: Please accept my unrestricted contribution (optional). \$ _____

TOTAL \$ _____

Enclosed is a check made payable to the **Archives Partnership Trust**.

Please charge my: Visa Mastercard Discover AMEX

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____/____/____ CVV# (3 digit # on back of card) _____

SIGNATURE: _____

Occasionally we share our mailing list with other non-profit cultural organizations. If you prefer not to receive such mailings, please check the box.

Print and mail this form to:

Archives Partnership Trust
Cultural Education Center, Suite 9C49
Albany, NY 12230