



# INDIVIDUAL MEMBERSHIP APPLICATION

MAIL MSA Membership, 2025 M Street NW, Suite 800, Washington, DC 20036

PHONE (202) 367-1106 FAX (202) 367-2104

EMAIL info@museumstoreassociation.org

Please use this form if you are paying your membership dues via check or wire only. To pay via credit card, please [join online](#).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

## ABOUT YOUR INSTITUTION (please complete all sections)

Number of staff in your store: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Volunteer \_\_\_\_\_

### Gross Revenue of your store:

\$0-\$50k  \$50-\$100k  \$100-\$250k  \$250-\$500k  \$500-\$750k  \$750k-\$1m  Over \$1m

### Square footage of store:

0-200  200-300  300-500  500-750  750-1k  1-1.5k  1.5-2k  2k+  Website Only

Does your institution develop, produce, and wholesale merchandise to other retailers?  Yes  No

Would your institution offer a store discount for MSA members?  Yes  No If yes, please list % discount: \_\_\_\_\_

### Select one that best describes you:

Work for a non-profit  Work for a for-profit  Retired retail professional  Private retail professional

### Primary institution type (please select one):

Air & Space  Decorative Arts  Maritime  Outdoor Site/Park  Sports  
 Anthropology  Ethnic  Military  Performing Arts  Zoo  
 Aquarium  Historic Site  Nature Center,  Center  
 Art  History  Botanical Garden  Religion  
 Children's Museum  Library  Natural History  Science

Other: \_\_\_\_\_

## NUMBER OF MEMBERS

One (\$175/person)  2-3 (\$150/person)  4-5 (\$125/person)  6+ (please call for pricing) Total: \$ \_\_\_\_\_

## PAYMENT (Addresses outside the U.S. add an additional \$50 for postage. To pay via credit card, please [join online](#).)

Check (Payable to MSA, drawn on a US bank in US dollars)

Please mail completed form and check to:

Museum Store Assn

PO Box 775742

Chicago, IL 60677-5742

This address accepts First Class Mail ONLY, please contact MSA if sending by special courier

Wire Transfer – MSA will contact you with instructions



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### MEMBER CONTACT INFORMATION

**Member #1:** \_\_\_\_\_  New  Renew

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Member #2:** \_\_\_\_\_  New  Renew

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Member #3:** \_\_\_\_\_  New  Renew

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Member #4:** \_\_\_\_\_  New  Renew

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Member #5:** \_\_\_\_\_  New  Renew

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**More than 6 members? Please call (202) 367-1106 or email MSA ([info@museumstoreassociation.org](mailto:info@museumstoreassociation.org)) for more information.**

### HOW DID YOU HEAR ABOUT MSA?

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