



VENDOR MEMBERSHIP RENEWAL FORM

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](#).

COMPANY INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

PRIMARY CONTACT (please see Page 2 for additional individuals, if applicable)

Name: _____ Title: _____

Telephone: _____ Website: _____

Email: _____

RENEWAL

Vendor Member	\$350
Additional Vendor Member(s).....	\$165 x ____ = _____
Non-US Company Add \$50.....	\$ _____
Memorial Scholarship Fund Donation.....	\$ _____
Suggested General Donation \$50.....	\$ _____
Total	\$ _____

The Memorial Scholarship Fund was established in 1991 to help nonprofit retail professionals attend their first MSA Conference & Expo

PAYMENT

Your payment is your agreement that you will abide by all of the guidelines and policies set forth in MSA's Antitrust Policy and Code of Ethics (see museumstoreassociation.org). Your payment also indicates your approval to receive communications from MSA via email, fax, and postal mail.

Addresses outside the U.S. add an additional \$50 for postage.

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) for more information.

HOW DID YOU HEAR ABOUT MSA?
