

Association of South Dakota Museums Membership Form

We sincerely appreciate your interest in the Association and welcome your participation in the preservation of South Dakota's unique and culturally rich history and arts. To join or to renew an existing membership, please provide or update the following information about yourself and/or your institution. This information will be used for institutional members' website listings and in future printings of the directory map. (Current members, please check your website listing at www.sdmuseums.org for any incorrect information as well.) PLEASE don't forget to update any incorrect information we have about you or your institution. If you have multiple sites in your institution, please fill out the information section for each separate site (but only pay once for the entire institution).

Name or Contact: _____ Telephone: _____
Organization: _____ Email: _____

Participation in ASDM is based upon the Member organization's annual budget. Please select the appropriate level for you or your institution:

- _____ Individual, \$15
- _____ Institutional I (operating budget below \$25,000), \$25
- _____ Institutional II (operating budget \$25,000-\$75,000), \$50
- _____ Institutional III (operating budget \$75,000-\$150,000), \$75
- _____ Institutional IV (operating budget above \$150,000), \$100

Make checks payable to ASDM. Payments can be mailed to:

Sonja Johnson
Attn: ASDM Treasurer
301 E. Dakota Ave.
Pierre, SD 57501

The following information will be posted to the ASDM website. If renewing, you may print your site's current listing and note changes to it and mail it in with your registration.

Type of Organization: _____ Archive, Art Gallery/Museum
_____ General Museum
_____ Historical Building/Site _____ Interpretive Center
_____ Native American Museum _____ Natural History/Zoo

Mailing Address: _____ **Site Address (if different):** _____
(City/State/Zip)

Museum Telephone: _____ **Museum Website:** _____

Admission Cost: _____ **Wheelchair Accessible:** _____

Museum Season (year round, summer, etc.): _____

Hours of Operation (Please be specific. Include summer/winter hours etc.): _____

Are Group Tours Available: Yes No **Group Tour Contact:** _____

Please give a brief description of your facility: _____

For New Members

Please choose an image for use on the website that best represents your site. You can mail an image suitable for scanning with your registration or email it to kgansz@minnehahacounty.org