



Delaware Museum Association

Membership Application

Applicant Information _____

Name: _____

Position: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Organization website: _____

Organization social media: _____

Membership Level _____

Individual (\$25)

Institutional* (\$50 - 3 members from one organization)

Institutional Angel* (\$125 - 6 members from one organization)

Student (\$10)

Checks should be made out to "Delaware Museum Association"

*Please return checks and forms to
Delaware Museum Association, c/o Delaware Humanities
100 West 10th Street, Suite 509
Wilmington, DE 19801*