INDIVIDUAL 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.

INSTITUTION
Name: __________________________________________________________
Address: __________________________________________________________________________________________
City: ________________________ State: ___________ Zip Code: _________ Country: ______________________

PRIMARY CONTACT (please see Page 2 for additional individuals, if applicable)
Name: __________________________________________________________ Title: ___________________________________________
Telephone: ____________________ Website: ________________________________________________________________
Email: __________________________________________________________

RENEWAL
Number of Members Renewing:
☐ One ($175/person) ☐ 2-3 ($150/person) ☐ 4-5 ($125/person) ☐ 6+ (please call for more information)

Individual Member(s)..........................................................................................................................$ ______ x ______ = _______
Non-US Institution 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 (to pay via credit card, please join online)
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.

☐ 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
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?

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