



Membership Application

Please fill out and return

Institutional Level

Name of Institution: _____

Address: _____

City: _____ Zip: _____

Contact Name & Title: _____

Phone Number of Contact: _____

Email for Contact: _____

Amount due: \$35

Individual Level

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Amount due: \$25

Student Level

Name: _____

Address: _____ City: _____

Zip: _____ Email: _____

Amount due: \$10

Please help us to better understand our member organizations.

Staffing:

1. # Full- Time Staff _____
2. # Part-Time Staff _____
3. Are you an all-volunteer institution? (yes) ____ (no) ____

Visitation:

4. Annual visitation for the year _____

KDRMA Meetings:

5. Are you willing to host a KDRMA meeting? (yes) ____ or (no) ____
6. What topics are of interest to you? _____
7. Is there a certain day of the week that meetings would be most convenient?
(please circle) M T W Th F
8. Do you have a preference on meeting times? (please circle) AM PM No Preference

Annual Membership for KDRMA January – December _____

Additional Memberships if applicable _____

Total Amount Due _____

Membership Payment Options:

- Check – Please make check out to KDRMA (Kane-DuPage Regional Museum Association) and mail to address below
- PayPal – You will be contacted with further payment information

Return Membership Payment and Information to:

**Geneva History Museum
ATTN: Markie Striegel
113 S. 3rd St.
Geneva, IL 60134**

**or email to
KDRMA1@gmail.com**