

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.

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:
Adam Nyhaug, ASDM Treasurer
Siouxland Heritage Museums
200 West 6th Street
Sioux Falls, SD 57104

Type of Organization:

- | | |
|--|--|
| <input type="checkbox"/> Archive, Art Gallery/Museum | <input type="checkbox"/> General Museum |
| <input type="checkbox"/> Historical Building/Site | <input type="checkbox"/> Interpretive Center |
| <input type="checkbox"/> Native American Museum | <input type="checkbox"/> 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:

Name of Organization or Individual: