

JOIN OR RENEW YOUR MEMBERSHIP TODAY!



- \$100 Individual \$190 Dual
- \$500 Contributor \$1,000 Patron
- I'd like to make an additional tax-deductible contribution of \$ _____
- Yes, please sign my membership up for auto renewal

MEMBER INFORMATION

Name _____

Address _____ City _____ State _____ Postal Code _____

Email _____ Telephone _____ Home Cell

PAYMENT INFORMATION

Total Amount Enclosed _____

CHECK (payable to Academy Museum Foundation)

CREDIT CARD

Credit Card Number _____ Expiration Date _____ Security Code _____

Signature _____

PRIMARY MEMBER

Name _____

Email _____
Provide your email address to receive your digital membership card, updates, and event invites.

Yes, I would like to receive email updates and event invites

SECONDARY MEMBER

Name _____

ANNUAL REPORT RECOGNITION (CONTRIBUTOR LEVEL AND ABOVE)

I/WE would like to be recognized as _____

Mail to:

ACADEMY MUSEUM OF MOTION PICTURES

Membership Department • 6067 Wilshire Blvd. Los Angeles, CA 90036
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