

Please print out this page and send it to: **American Indian Genocide Museum**
P.O Box # 230452
Houston, Texas 77223

American Indian Genocide Museum Membership Form

Sponsor Membership

\$200 - \$500
Special invitations to all events
Calendar
Honorable Mention
Cup & T-Shirt

Donor Membership

\$100
Special invitations to all events
Calendar
Honorable Mention

Family Membership

\$50
Special invitations to all events
Calendar

Individual Membership

\$25
Special invitations to all events
Calendar

Student Membership

\$10
Special invitations to all events

Full Name: _____

Address: _____

Day Phone: _____ **Evening Phone:** _____

Email: _____

Membership Level Desired: _____

Payment Mode (Circle): Money Order / Check

Please make checks payable to: **American Indian Genocide Museum**