



**REGISTRARS COMMITTEE
MOUNTAIN-PLAINS
MUSEUMS ASSOCIATION**

Membership Payment Form

The RC-MPMA is affiliated with the Registrars Committee of the American Alliance of Museums (RC-AAM) and is a part of a national network of information exchange. You do not need to belong to AAM or the RC-AAM, although it is encouraged. The RC-MPMA is a Professional Interest Network of the Mountain-Plains Museums Association, and membership in MPMA is encouraged.

The RC-MPMA relies on the support and involvement of its members to fulfill its goals of promoting high museum standards, advocating for collection and registration issues within the region, and providing opportunities for professional development. Without your participation, the Helping Hands Brigade and other programs would not be possible.

*Required information for Credit Card Processing. Please fill out all fields marked with an asterisk. Thank you!

MEMBERSHIP INFORMATION		
Name:	Title:	
Institution:		
Address:		
City:	State:	Zip:
*Phone:	*Email Address:	
Renewing Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of MPMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership*: \$10.00	Donation:	Total:
PAYMENT INFORMATION		
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check (payable to RC-MPMA) <input type="checkbox"/> Credit/Debit Card		
Billing Address of card same as above?: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please fill out billing address below		
*Name (Also include Institution):		
*Billing Address of Card:		
City:	State:	Zip:

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PAYMENT AUTHORIZATION

*Card Type: Visa MasterCard Discover Amex

*Card Number: _____ *Expiry Date: _____

*Card Identification Number (CVV2 Code): _____
Three or Four (AMEX) digit code on back or front of card

I, _____ authorize RC-MPMA to process a charge against my
credit card account in the amount of \$ _____

for the payment of _____

*Print Name as it appears on Credit Card:
Must be an individual's name not institution _____

*Signature: _____

*Date: _____

Note: RC-MPMA does not keep a file of credit card numbers. At the completion of the transaction, this document with your credit card number will be shredded.

Please mail completed form and check if applicable to:

Casey J. Seger
RC-MPMA Membership Chair
1155 Q Street
P.O. Box 880214
Lincoln NE 68588-250

Questions? Call 402-472-3208 or
email mpmarcmpma@gmail.com

***Annual dues are \$10.** Memberships run the calendar year, January 1 thru December 31. Donations are appreciated and help further the goals of the RC-MPMA. Your cancelled check is your receipt.