



Northeast Ohio Inter-Museum Council Membership Renewal

Members of NEOIMC enjoy the benefit of inclusion in group advertising, their organization listed on northeastohiomuseums.org, access to the member list serv, workshops and seminars throughout the year, and free admission for staff and delegates to other member institutions.

Dues Payable as follows:

Organizations with an annual operating budget of under:

\$50,000.00 -----	\$25.00
\$50,001.00 to \$100,000.00-----	\$30.00
\$100,001.00 to \$500,000.00 -----	\$60.00
\$500,001.00 to \$1,000,000.00 -----	\$80.00
Over \$1,000,000.00 -----	\$100.00
Associate Member -----	\$25.00

Organizations that maintain more than one distinct facility under a common board of trustees are accepted under one fee but have only 4 voting delegates.

Please select the category to which your organization belongs and remit a check payable to the NORTHEASTERN OHIO INTER-MUSEUM COUNCIL along with the list of delegates.

Mail to:

Judith M. Sheridan, Secretary
Northeastern Ohio Inter-Museum Council
8774 State Route 45
North Bloomfield, OH 44450-9701

Authorized Representative's Signature: _____ **Date:** _____
Amount Enclosed: \$ _____

ROSTER INFORMATION

“Each organization ...shall designate FOUR members as representatives to The Northeastern Ohio Inter-Museum Council. At least three delegates must be from the organization’s professional staff, or, if there be none, then active members of the organization. The fourth delegate may be a member of the Board of Trustees of the organization.”

NAME OF INSTITUTION _____ **501(c)(3) Tax ID #** _____

ADDRESS _____

_____ ZIP+4 _____

PHONE _____ FAX _____

e-mail & web site address _____

DELEGATE, TITLE _____

ADDRESS _____

_____ ZIP+4 _____

PHONE _____ e-mail _____

DELEGATE, TITLE _____

ADDRESS _____

_____ ZIP+4 _____

PHONE _____ e-mail _____

DELEGATE, TITLE _____

ADDRESS _____

_____ ZIP+4 _____

PHONE _____ e-mail _____

DELEGATE, TITLE _____

ADDRESS _____

_____ ZIP+4 _____

PHONE _____ e-mail _____

IMPORTANT NOTICE

**PLEASE PUT THE NAME OF THE PERSON(S) WHO WILL BE THE OFFICIAL E-MAIL CONTACT(S)
SO THAT IT CAN BE PASSED ON TO THE LISTKEEPER & RETURN WITH THE OTHER
INFORMATION.**

NAME _____

INSTITUTION _____

e-mail address _____