

# NEW MEMBER APPLICATION



## **CONTACT INFORMATION**

Name of Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

### ***Street Address (if different)***

Address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ First Name Used: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Direct Fax: \_\_\_\_\_

## **ABOUT THE INSTITUTION**

1. Institution's Purpose and Objectives: \_\_\_\_\_

2. Year Founded: \_\_\_\_\_ Is this Institution a museum, hall of fame or both? \_\_\_\_\_

3. Do you have a non-profit/charitable status with your country's taxing authority? \_\_\_\_\_

4. Do you have a permanent physical facility or plans for one soon? \_\_\_\_\_

5. Do you have established and written induction criteria? \_\_\_\_\_

6. How often do you conduct induction ceremonies? \_\_\_\_\_

7. Do you have an established and written collection policy? \_\_\_\_\_

## **DUES PAYMENT**

### **Check the appropriate dues category:**

- Total organization annual budget greater than US\$750,000..... US\$450.00 annual dues
- Total organization annual budget greater than US\$250,000..... US\$275.00 annual dues
- Total organization annual budget less than US\$250,000..... US\$185.00 annual dues

NOTE: First year dues include a \$50 enrollment fee. Renewal dues are \$50 less than the above fees. Should your membership lapse, the \$50 enrollment fee will apply for reinstatement.

### **Please include your first year's dues with this form:**

- Check enclosed, payable to ISHA (ONLY U.S. funds drawn on U.S. banks can be accepted)
- Charge my MasterCard, Visa, or American Express in the amount checked above:

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address (Street, State, Zip) \_\_\_\_\_

Return this form, payment, and any attachments to:  
International Sports Heritage Association  
P.O. Box 2384, Florence, OR 97439 USA  
Phone: (541) 991-7315/ Fax: (541) 997-3871