

**San Diego Museum Council
Application for Membership**

Museum Name: _____

Address: _____

Phone and fax: _____

Web Site: _____

Contact person and title: _____

E-Mail Address: _____

Please use additional sheets of paper to answer and /or expand on the following:

1. Mission Statement:
2. Brief History:
3. Current Number/Level of Members:
4. Hours and days of operation:
5. Describe your museum's collections:
6. Describe your education/outreach programs:
7. List your full or part-time paid staff:
8. Why is your museum interested in joining the San Diego Museum Council?
9. Who would be the SDMC representative from your Museum?
10. What do you hope to gain through SDMC membership and what can you and your museum bring to the group?
11. How does your organization fit the membership guidelines included with this application?

Please submit copies of the following:

Articles of incorporation 501(c)3 approval recent mentions in the media
Listing of your current board of directors/trustees

Please send the completed application to:
San Diego Museum Council, P.O. Box 3836, San Diego, CA 92163