



THE COUNCIL OF AMERICAN MARITIME MUSEUMS, INC.

MEMBERSHIP APPLICATION

Return to above address

Name of Applicant Institution

Street Address

City

State

Zip

Telephone Number (_____)_____

Name and Title of Director or Chief Executive Officer

Person to whom correspondence concerning application should be directed

The guidelines for Membership in the Council of American Maritime Museums state:

An applicant must be an organization concerned essentially with the preservation and interpretation of maritime history and technology. Primary source material including original works of art, half models, photographs and films, manuscripts, prints, drawings, maps, vessels and small craft, artifacts, and rare books are suitable collections for members.

Type of Institution: _____

Type of Primary Support: _____

Hours: _____

Admission Fees: _____

Institution's Mission: _____

How does the institution fulfill its mission? _____

Permanent Collection:

Approximate Size _____

Description of Collection _____

Significance of Collection _____

Projects _____

Type of Installation _____

Fixed _____ Changing _____

Vessels: Number and Type _____

Staff Nos. _____ Professional _____ Volunteer _____

Does the institution have legal title of ownership to artifacts and documents in the collection? _____

Does the institution comply with all policy statements adopted by the American Association of Museums (AAM) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO), and with the By-Laws of CAMM concerning archaeology? _____

SPECIAL EVENTS

Does your institution offer special exhibits from sources other than its permanent collection?

What kind? How often? _____

Do you regularly sponsor other programs within the institution? Lectures? Concerts? Other?

PUBLIC EDUCATION

Does your institution offer interpretive tours or classes?

_____ at regular hours _____ by special appointment

_____ for adults _____ for children

Is there space in your institution for group programs?

Size of space _____

Hours of availability _____

RESEARCH OPPORTUNITIES

Does your institution have an archive or library that is open to non-staff researchers?

Does your institution have an internship program? Please describe _____

The following must be included with this application:

_____ Proof of tax exempt status under Section 501 (c) (3) of the Internal Revenue Code, or if a government institution the statute, public law, or other legislation or directive establishing the institution.

_____ Statement of proof of ownership of collection or a sample deed of gift.

_____ By-Laws, policy statement, collections policy, or other proof that the institution abides by the policies of the AAM and UNESCO and the archaeology position of CAMM.

Please forward any information on your institution that could be helpful in determining your eligibility including brochures, pamphlets, annual reports or other descriptive material.

Application for Membership generally includes an on-site inspection by representatives of the Council. Upon preliminary acceptance of the written application, the Council's Membership Chairman will contact you to arrange for this visit.