

 <b>Individual Membership Levels &amp; Benefits</b>	Individual	Family	Contributing	Sustaining	Patron	Benefactor
	\$35	\$45	\$100	\$250	\$500	\$1,000
Free enrollment in <i>Time Travelers</i> Program with benefits at more than 100 museums in 42 states: visit <a href="http://timetravelers.mohistory.org">http://timetravelers.mohistory.org</a> for a complete listing	✓	✓	✓	✓	✓	✓
Biannual journal, <i>Slovo</i>	✓	✓	✓	✓	✓	✓
Biannual newsletter, MOST	✓	✓	✓	✓	✓	✓
One-time use guest passes		2	4	6	10	15
Free admission for family members residing with you		✓	✓	✓	✓	✓
Free admission for guests not living in your household				+2	+4	+4
Reciprocal benefits at over 450 museums in the North American Reciprocal Museums (NARM) program			✓	✓	✓	✓
Museum Store discount (includes Online Museum Store) and special discounts throughout the year	10%	10%	10%	15%	15%	15%
Invitations to exhibit openings and members-only events	✓	✓	✓	✓	✓	✓
Discount on select classes and programs		10%	10%	15%	15%	15%
\$10 Discount on biennial History & Culture Conference	✓	✓	✓	✓	✓	✓
Private dinner with NCSML President/CEO						✓

**Join!** Experience all the benefits of membership with the National Czech & Slovak Museum & Library. Simply clip and return the form to join today!

With the opening of our permanent exhibit in the Jiruska gallery, *Faces of Freedom: The Czech and Slovak Journey*, to the exciting exhibits featured in the Smith and Petrik galleries, the National Czech & Slovak Museum & Library **inspires people of every background to connect to Czech and Slovak history and culture.** Thank you for your support!

Please remit form with payment to: NCSML • 1400 Inspiration Place SW • Cedar Rapids, IA 52404

## National Czech & Slovak Museum & Library Membership Form

New Membership:

Renewal Membership:

- Individual (\$35)  
 Sustaining (\$250)

- Family (\$45)  
 Patron (\$500)

- Contributing (\$100)  
 Benefactor (\$1000)

Additional Contribution: \$ \_\_\_\_\_

Suggested 10% Contribution: \$ \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

- Please send me information on other giving opportunities.  
 I have named the NCSML in my will or estate plans.  
 Please contact me about volunteering at the NCSML.

Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Credit Card Information

- MasterCard     Visa     Discover

Card number:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Expiration date: \_\_\_\_|\_\_\_\_|    3-digit code: \_\_\_\_\_

Signature: \_\_\_\_\_