Tennessee Association of Museums Reciprocal Membership Program

Contact Name: _______________________________ Title: ____________________________
Telephone: _______________________________ Email: _____________________________
Web address: ______________________________

AGREEMENT:

As a participant in the Tennessee Association of Museums Reciprocal Program our organization agrees to the following benefits to all current TAM members:
• __________________________________________
• ___________________________________________________________________
• __________________________________________

Upon entering this agreement, we grant all TAM partners to use our organization's name in promotion and marketing of the reciprocal program.

Agreement Period:

This agreement is in place until terminated in writing by participating Affiliate. The agreement may be terminated each year during the month of January by the undersigned representative of the Affiliate.

Name of Affiliate Organization

Name and Title ________________________________________________________________

__________________________________________ ______________________________ Date

Signature

Please email or mail your completed form to:
Tennessee Association of Museums
PO Box 330984
Nashville, TN 37203
tnmuseums@gmail.com