



**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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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