

United States Committee of the Blue Shield Membership Form

Mail this completed form with your membership check to:

Cori Wegener
U.S. Committee of the Blue Shield
5136 15th Avenue South
Minneapolis, MN 55417

Please make checks payable to USCBS

USCBS is a 501(c)(3) organization. Contributions are tax deductible within the limitations of the law.

Name _____

Title/Position _____

Organization _____

Address _____

City State, Zip _____ Country _____

Work/Day Phone _____ Work/Day Fax _____

Home/Evening Phone _____

Email _____

General Area(s) of Expertise _____

MEMBERSHIP LEVEL: Please circle the level of membership you are interested in.

Individual Members

Cultural Property Professionals and Students	\$50
Supporting Member	\$75
Benefactor	\$250

Institutional Members

Institutional Member	\$250
Supporting Institutional Member	\$500
Benefactor Institutional Member	\$1,000