



USCBS Membership Form

NOTE:
THIS PDF INCLUDES
FILLABLE FORM FIELDS

Thank you for your support!

Make checks payable to USCBS – If you prefer to pay by credit card or PayPal, please [visit our website »](#)

Please mail this completed form with your membership check to:

U.S. Committee of the Blue Shield
1405 South Fern Street, Suite 90617
Arlington VA 22202

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 check the level of membership you are interested in.

For information regarding member benefits, please [visit our website »](#)

Individual Members

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

Institutional Members

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