



ICON

Inter-Museum Council of Nashville

Individual Membership Application

Date: _____

First Name: _____ Last Name: _____

Work/School Information

Job Title/Program of Study: _____

Museum/Institution/School: _____

Is your museum/institution a member of ICON? Yes: _____ No: _____

Member Contact Information

Street: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Annual Membership Fee (Select One)

____ Individual – \$25

____ Museum Staff/Volunteer – \$20

____ Student – \$15

Pay online at www.nashvillemuseums.org or make checks payable to Inter-Museum Council of Nashville and mail to ICON, PO Box 190027, Nashville, TN, 37219. Completed applications can be sent to our PO Box or by email at IcoNashMuseums@gmail.com.



For a complete list of membership benefits and upcoming programs, please visit

www.nashvillemuseums.org