The Frank H. McClung Museum Associates

McClung Museum Associates provide essential financial support for the Museum. By becoming as Associate you will be supporting the exhibition programs, student internships, research, collections, and a host of educational activities serving people of all ages.

The Museum

The Frank H. McClung Museum is an important component of the University of Tennessee. It is a general museum with exhibits on archaeology and anthropology, ancient Egypt, Indians of Tennessee, geology and fossils, decorative arts, and freshwater mussels. Additionally, the Museum presents three special exhibitions each year.

Questions? Call 865-974-2144 or visit the museum Web site at http://mcclungmuseum.utk.edu

Benefits of Membership

- 10% discounts on Museum Shop purchases
- Monthly newsletters, invitations to preview openings and special events
- Priority registration; discounts for Museum-sponsored trips
- Eligible for half-price Smithsonian Affiliate membership with associated benefits
- Gifts of $100 or more qualify for membership in University giving clubs and societies (Note that pledges to the University may be designated for the Museum.)

ACCREDITED by the AMERICAN ASSOCIATION OF MUSEUMS

☐ I am interested in becoming a Museum Volunteer.
☐ I want to become an Associate of the McClung Museum at the annual membership level checked below:
☐ Please renew my membership at the level checked below.

☐ Student.....$15 ☐ Contributing.....$50 ☐ Supporting.....$250 ☐ Benefactor.....$1,000
☐ Individual/Family...$30 ☐ Sustaining.....$100 ☐ Patron.....$500 ☐ Grand Benefactor.....$2,500

NAME_____ PHONE (___)_____
AS YOU WISH IT LISTED, INCLUDING TITLE(S) - PLEASE PRINT

ADDRESS_____ ZIP_____

I wish to make a gift membership for the amount of $_____ in honor of: Send gift card to recipient? ☐yes ☐no

NAME_____ PHONE (___)_____
AS YOU WISH IT LISTED, INCLUDING TITLE(S) - PLEASE PRINT

ADDRESS_____ ZIP_____

☐ Enclosed is my check payable to the McClung Museum.
☐ I prefer to pay for my membership by ☐ MasterCard or ☐ Visa. Please complete information below:

Amount: $_____ Account #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(month and year)

Expiration Date: ☐☐ - ☐☐

SIGNATURE: _____

DAYTIME PHONE: ☐☐☐ - ☐☐☐ - ☐☐☐☐