



COLLABORATION/PARTNERSHIPS FORM

The Museum values community collaborations. Please complete this form and email it to aachmwc@gmail.com.

Name of Organization/Partner:

Name of Project:

What Is Your Request?

- Partnership/collaboration
- Space for private event

- Speaker for an event
- Exploratory conversation / consultation

Date(s) of Program:

Brief Description of Program/Request:

What Kind of Support Would You Like from the Board?

- \$\$\$
- Marketing
- Venue
- Volunteers
- Consultation

Please describe the benefit to AACHM of participating in this partnership:

Is there an opportunity to add to AACHM's mailing list? Yes No

Is there an opportunity to increase membership or revenue? Yes No

Person Submitting the Request: _____ Date: _____

SECTION FOR AACHM BOARD MEMBER

REVIEWED BY THE EXECUTIVE COMMITTEE ON: _____

AACHM POINT OF CONTACT: _____

SHARED WITH BOARD ON: _____

APPROVAL DECISION: YES NO

APPROVED BY: _____ DATE: _____