

Kansas Museums Association  
Museum Training Initiative  
Enrollment Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many years have you worked in museums? \_\_\_\_\_

What do you hope to accomplish with this program? \_\_\_\_\_

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Statement of Intent

By agreeing to the statement below and signing this form, you are accepted into the Kansas Museums Association's Museum Training Initiative Certificate Program.

*I would like to state my intent to complete the Kansas Museums Association's Museum Training Initiative Certificate Program. I have read the requirements for this program and plan to attend the necessary educational sessions and projects.*

*In understand that in order to earn this certificate, my participation in the program will be monitored and I will need to provide proof of attendance for the workshops and sessions I intend to use towards the completion of this certificate. I also understand that before I am awarded this certificate, I will need to complete a minimum of three book reviews and a capstone project.*

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Signature

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Date

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Print Name

Please send the completed form to Kansas Museums Association, P.O. Box 1946, Salina, KS 67402-1946, or email it to [info@ksmuseums.org](mailto:info@ksmuseums.org).