

Museum and Art Gallery Membership Form

Please fill out this form in block capitals and return it to the visitor desk or mail it to our membership department.

1. Applicant Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State / Province:	<input type="text"/>
Postal / ZIP Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

2. Membership Level

Please write "X" next to your preferred membership level:

<input type="checkbox"/>	Individual (\$50/year) - Benefits for one adult
<input type="checkbox"/>	Dual (\$80/year) - Benefits for two adults
<input type="checkbox"/>	Family (\$120/year) - Benefits for two adults and up to four children
<input type="checkbox"/>	Patron (\$250/year) - Family benefits plus guest passes and invitation to preview nights
<input type="checkbox"/>	Other Level (Please specify): <input type="text"/>

3. Additional Members (For Family/Dual Memberships)

Second Adult Name:	<input type="text"/>
Children's Names and Ages:	<input type="text"/>

4. Payment Method

Please specify how you would like to pay for your membership:

<input type="checkbox"/>	Cash (In-person only)
<input type="checkbox"/>	Check (Enclosed, payable to "Museum & Art Gallery")
<input type="checkbox"/>	Credit / Debit Card (Fill details below)

Credit Card Details

Cardholder Name:	<input type="text"/>		
Card Number:	<input type="text"/>	Expiration Date (MM/YY):	<input type="text"/>
Security Code (CVV):	<input type="text"/>		

5. Authorization and Signature

By signing below, I agree to the terms of the Museum and Art Gallery membership.

Signature:	<input type="text"/>	Date:	<input type="text"/>
------------	----------------------	-------	----------------------