

MICHENER ART MUSEUM

MEMBERSHIP APPLICATION

Please select one

New

Renewal

Gift

PRIMARY ACCOUNT HOLDER'S NAME

SECONDARY CARDHOLDER'S NAME *(for Dual level and higher)*

I do not want a secondary member on my account. My card should read "MY NAME and Guest."

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

I am a Senior Citizen (65+) and will receive a **\$5 discount** on my membership
(Only one discount valid per household)

GIFT MEMBERSHIP

GIFT RECIPIENT NAME(S)

ADDRESS

CITY

STATE

ZIP

RECIPIENT PHONE

RECIPIENT EMAIL

For more information please contact the Membership Office at the James A. Michener Art Museum
215.340.9800 x110

MICHENER ART MUSEUM

MEMBERSHIP APPLICATION

MEMBERSHIP LEVEL

- | | | | |
|--------------------------------------|-------|--|---------|
| <input type="checkbox"/> Individual | \$50 | <input type="checkbox"/> Sustaining | \$250 |
| <input type="checkbox"/> Dual | \$70 | <input type="checkbox"/> Patron | \$500 |
| <input type="checkbox"/> Household | \$90 | <input type="checkbox"/> Michener Circle | \$1,000 |
| <input type="checkbox"/> Contributor | \$125 | | |

PAYMENT METHOD

Enclosed is my check for \$_____, membership level selected above, made payable to the James A. Michener Art Museum.

Charge to my:

- Visa MC AmEx Discover

ACCOUNT NUMBER

EXP. DATE

CVV #

CARDHOLDER'S SIGNATURE

Remit to:

James A. Michener Art Museum

P.O. Box 64585

Souderton, PA 18964