

EXPERIENCE TRANSFORMATION THROUGH ART.

Membership Application

TITLE _____ NAME _____

Mr. / Mrs. / Ms. / Dr. / Mr. & Mrs.

Please print full name as you would like it to appear in member publications.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

NAME ON CARD #1 _____ NAME ON CARD #2 _____

This membership is NEW RENEWING A GIFT

MEMBERSHIP LEVELS

Check one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Individual \$60 | <input type="checkbox"/> Patron \$1,000 |
| <input type="checkbox"/> Dual/Family \$90 | <input type="checkbox"/> Associate \$1,500 |
| <input type="checkbox"/> Supporting \$150 | <input type="checkbox"/> Sponsor \$2,500 |
| <input type="checkbox"/> Contributing \$275 | <input type="checkbox"/> Benefactor \$5,000 |
| <input type="checkbox"/> Sustaining \$575 | <input type="checkbox"/> Philanthropist \$10,000 |

AFFILIATE GROUPS

Members at the Supporting level or above (\$275+) are eligible to join:

- | | |
|--|-------|
| <input type="checkbox"/> McNay Print Club | \$250 |
| <input type="checkbox"/> McNay Contemporary Collectors Forum | \$250 |

GIVE THE GIFT OF McNAY MEMBERSHIP

Mail gift to: Recipient Gift Giver

Send renewal to: Recipient Gift Giver

Enter Gift Recipient's information below:

TITLE _____ NAME _____

First and Last Name

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

MESSAGE: _____

PAYMENT INFORMATION

Membership Dues \$ _____

Affiliate Group Dues \$ _____

Discounts/Promos/Admission Applied \$- _____

TOTAL AMOUNT \$ _____

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> AMEX | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Check (payable to McNay Art Museum) |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Square |
| <input type="checkbox"/> Visa | |

NAME _____

As it appears on credit card.

CARD NUMBER _____

EXP. _____ SEC. CODE _____

SIGNATURE _____