



# MEMBERSHIP APPLICATION

Make checks payable to the James A. Michener Art Museum and mail completed form and payment to:

#2536

James A. Michener Art Museum  
PO Box 8500  
Philadelphia, PA 19178-2536

This is a:  Gift Membership  Renewal

I WISH TO JOIN AS:

- |                   |      |                          |                 |        |                          |
|-------------------|------|--------------------------|-----------------|--------|--------------------------|
| Individual        | \$40 | <input type="checkbox"/> | Key/Contributor | \$100  | <input type="checkbox"/> |
| Full Time Student | \$35 | <input type="checkbox"/> | Sponsor         | \$250  | <input type="checkbox"/> |
| Senior Citizen    | \$35 | <input type="checkbox"/> | Donor           | \$500  | <input type="checkbox"/> |
| Dual/Family       | \$60 | <input type="checkbox"/> | Michener Circle | \$1000 | <input type="checkbox"/> |
| Grandparent       | \$60 | <input type="checkbox"/> |                 |        |                          |

Mr.  Ms.  Mrs.  Mr. & Mrs.  Other : \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

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

## GIFT MEMBERSHIP RECIPIENT INFORMATION

Please send the gift membership to:

Mr.  Mrs.  Ms.  Mr. & Mrs.  Other : \_\_\_\_\_

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

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For more information, please contact the Membership Office at 215-340-9800 ext. 110