



# 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: **New Membership**  Gift Membership  Renewal   
**take 20% off!**

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