



MEMBERSHIP APPLICATION

This is a: Gift Membership Renewal New

I WISH TO JOIN AS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Time Student \$40 | <input type="checkbox"/> Senior Citizen \$40 | <input type="checkbox"/> Individual \$45 |
| <input type="checkbox"/> Dual/Family \$70* | <input type="checkbox"/> Grandparent \$70* | <input type="checkbox"/> Contributor \$100** |
| <input type="checkbox"/> Sustaining \$250*** | <input type="checkbox"/> Patron \$500 | <input type="checkbox"/> Michener Circle \$1000 |

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. Ms. Mrs. Mr. & Mrs. Other : _____

Name: _____

Address: _____

City _____ State: _____ Zip: _____

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

For New Members Only Discount: *\$5 **\$10 *25**

Make checks payable to the James A. Michener Art Museum and
mail completed form and payment to:
James A. Michener Art Museum
PO Box 64585
Souderton, PA 18964