

CARNEGIE ART CENTER MEMBERSHIP

Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Area Code/Phone _____

Email _____

Yes I would like to receive updates, offers, invitations and announcements by email.

Yes I am interested in being contacted about volunteer opportunities.

MEMBERSHIP LEVEL

<input type="checkbox"/> Student/	<input type="checkbox"/> Senior	\$20
<input type="checkbox"/> Artist/	<input type="checkbox"/> Individual	\$30
<input type="checkbox"/> Family		\$35
<input type="checkbox"/> Patron		\$85
<input type="checkbox"/> Benefactor		\$125
<input type="checkbox"/> Sustaining Member		\$1000

Total Gift Enclosed \$ _____

Check is enclosed made payable to the Carnegie Art Center

Mastercard Visa Discover

Name on Card _____

Card # _____

Exp. Date ____/____

Cardholder's Signature:
