



RMA Membership Application

New ___ Renewing ___ ID# _____

Please print neatly:

Please select level of Membership:

- | | | |
|-------------------------------------------------|----------|-----------------------|
| INDIVIDUAL | \$55 | <input type="radio"/> |
| DUAL/FAMILY | \$75 | <input type="radio"/> |
| FRIEND | \$125 | <input type="radio"/> |
| SUSTAINING | \$250 | <input type="radio"/> |
| BENEFACTOR | \$500 | <input type="radio"/> |
| CHAIRMAN'S CIRCLE | \$1,000 | <input type="radio"/> |
| SPONSOR | \$2,500 | <input type="radio"/> |
| COLLECTORS CIRCLE | \$5,000 | <input type="radio"/> |
| DONORS CIRCLE | \$10,000 | <input type="radio"/> |
| ARTIST
(copy of current resume required) | \$35 | <input type="radio"/> |
| NEIGHBOR
(proof of address required) | \$35 | <input type="radio"/> |
| SENIOR (AGE 60+)
(copy of valid ID required) | \$35 | <input type="radio"/> |
| STUDENT
(copy of valid student ID required) | \$35 | <input type="radio"/> |

YOUR NAME: _____

SECOND NAME (DUAL/FAMILY AND HIGHER LEVELS): _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE: _____

E-MAIL: _____

Method of Payment

CHECK ENCLOSED IN THE AMOUNT OF: \$ _____

PLEASE MAKE CHECK PAYABLE TO:
RUBIN MUSEUM OF ART

CHARGE TO:

AMEX DISCOVER DINERS CLUB
MASTERCARD VISA

CARD #: _____

EXPIRATION DATE: _____

Please Mail To:

RUBIN MUSEUM OF ART
MEMBERSHIP DEPARTMENT
150 WEST 17TH STREET
NEW YORK, NY 10011