



# Pelham Art Center

155 Fifth Avenue Pelham, NY 10803 tel: 914.738.2525 fax: 914.738.2686 www.pelhamartcenter.org

## MEMBERSHIP FORM

\_\_\_\_\_ **New Member** \_\_\_\_\_ **Renewal**

\_\_\_\_\_ Senior/Educator \$30 \_\_\_\_\_ Individual \$45 \_\_\_\_\_ Family \$70

\_\_\_\_\_ Patron \$125 \_\_\_\_\_ Sponsor \$250 \_\_\_\_\_ Benefactor \$500 \_\_\_\_\_ Exhibition Angel \$1,000

Member Name/s \_\_\_\_\_

If member is a child, Parent name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

\_\_\_\_\_ My EMPLOYER will match my gift. (Please send Pelham Art Center your employee's forms)

\_\_\_\_\_ My check payable to Pelham Art Center is enclosed.

\_\_\_\_\_ Please charge my credit card \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

**All memberships are valid for one year. Thank you for your support.**

FOR OFFICE USE
Date Rec'd _____ Paid: _____
Card _____ Tax Letter _____
Computer Update: _____
<b>Renewal Date:</b> _____