



Complete this form and fax to (559) 441-4227 or mail with payment (please do not include cash) to 2233 N. First Street, Fresno, CA 93703, Attn: Membership

**MEMBERSHIP ENROLLMENT FORM**

**Yes, I would like to become a Fresno Art Museum Member:**

- \$25 Student/Senior/Educator,
- \$50 Student/Senior/Educator Couple
- \$50 Individual
- \$75 Dual/Family
- \$150 Western Museum Reciprocal Group
- \$300 Sustaining
- \$500 Benefactor
- \$1,000 Directors Circle

Payment Method

Check Enclosed     Cash Amount: \$\_\_\_\_\_ **or** Credit Card :    VISA     MASTER CARD

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_/\_\_/\_\_

NAME(S) Mr/Mrs/Ms/Dr

ADDRESS

CITY/STATE/ZIP

BUSINESS AFFILIATION

HOME TELEPHONE

BUSINESS TELEPHONE

E-MAIL ADDRESS

**FAMILY MEMBERSHIP (MEMBERSHIP FOR UP TO 3 CHILDREN AGES 5-12)**

NAME

DATE OF BIRTH

NAME

DATE OF BIRTH

NAME

DATE OF BIRTH