

TITLE \_\_\_\_\_ NAME \_\_\_\_\_

Mr. / Mrs. / Ms. / Dr. / Mr. & Mrs.

Please print full name as you would like it to appear in member publications.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME ON CARD #1 \_\_\_\_\_ NAME ON CARD #2 \_\_\_\_\_

This membership is  NEW  RENEWING  A GIFT

### MEMBERSHIP LEVELS

Check one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Individual \$55    | <input type="checkbox"/> Patron \$1,000     |
| <input type="checkbox"/> Dual/Family \$85   | <input type="checkbox"/> Associate \$1,500  |
| <input type="checkbox"/> Supporting \$150   | <input type="checkbox"/> Sponsor \$2,500    |
| <input type="checkbox"/> Contributing \$275 | <input type="checkbox"/> Benefactor \$5,000 |
| <input type="checkbox"/> Sustaining \$550   |   |

### AFFILIATE GROUPS

Members at the Supporting level or above (\$150+) are eligible to join:

- |  |       |
|--|-------|
| <input type="checkbox"/> McNay Print Club                    | \$250 |
| <input type="checkbox"/> McNay Contemporary Collectors Forum | \$250 |

### GIVE THE GIFT OF McNAY MEMBERSHIP

Mail gift to:  Recipient  Gift Giver

Send renewal to:  Recipient  Gift Giver

Enter Gift Recipient's information below:

TITLE \_\_\_\_\_ NAME \_\_\_\_\_

First and Last Name

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

MESSAGE: \_\_\_\_\_

### PAYMENT INFORMATION

- |   |           |
|---|-----------|
| <input type="checkbox"/> Membership Dues                    | \$ _____  |
| <input type="checkbox"/> Affiliate Group Dues               | \$ _____  |
| <input type="checkbox"/> Discounts/Promos/Admission Applied | \$- _____ |

**TOTAL AMOUNT** \$ \_\_\_\_\_

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> AMEX       | <input type="checkbox"/> Cash                                |
| <input type="checkbox"/> Discover   | <input type="checkbox"/> Check (payable to McNay Art Museum) |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Square                              |
| <input type="checkbox"/> Visa       |  |

NAME \_\_\_\_\_

As it appears on credit card.

CARD NUMBER \_\_\_\_\_

EXP. \_\_\_\_\_ SEC. CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_