

Application for membership

NAME

ADDRESS

CITY STATE

ZIP CODE PHONE

EMAIL

Membership Levels

- | | | | |
|--------------------------------|-----------------------|----------------------------------|------------|
| <input type="checkbox"/> \$35 | INDIVIDUAL | <input type="checkbox"/> \$500 | SUPPORTER |
| <input type="checkbox"/> \$25 | STUDENT/ARTIST/SENIOR | <input type="checkbox"/> \$1,000 | SPONSOR |
| <input type="checkbox"/> \$50 | DUAL | <input type="checkbox"/> \$2,500 | PATRON |
| <input type="checkbox"/> \$100 | FAMILY | <input type="checkbox"/> \$5,000 | BENEFACTOR |
| <input type="checkbox"/> \$250 | ASSOCIATE | | |

Check enclosed (payable to Santa Fe Art Institute)

Please charge my

Mastercard Visa American Express

ACCOUNT NUMBER EXPIRATION DATE

CARDHOLDER'S SIGNATURE

If using a credit card, please mail or fax this form: 505-424 5051

This membership is for me This membership is a gift (please fill out form on right)

Become a member of Santa Fe's most invigorating and exciting art institution, where you'll experience art from the inside out.

Gift Membership

Name & address of gift membership recipient:
(Please complete form on left)

NAME

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Santa Fe Art Institute

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