

JOIN TODAY

NAME OF MEMBER

NAME OF SECOND MEMBER

MAILING ADDRESS

CITY STATE ZIP

()

PHONE HOME CELL WORK

MEMBER EMAIL (Will not be shared or sold)

SECOND MEMBER EMAIL (Will not be shared or sold)

/ / BIRTHDATE (Required for Young Collector) SECOND MEMBER / /

EMPLOYER (For corporate gift matching program)

Memberships at the Art Patron level and higher are displayed on the Mark Arts recognition wall. Please print name as you wish it to appear:

I would like to remain anonymous. I want volunteer. Call me.

MEMBERSHIP LEVEL

STUDIO ARTIST \$75+

VAULT

YOUNG COLLECTOR \$250+ BENEFACTOR \$5,000+

CONNOISSEUR \$500+

ART PATRON \$1,000+ DISTINGUISHED BENEFACTOR \$10,000+

PAYMENT INFORMATION

My check, made payable to Mark Arts, is enclosed. Charge \$ _____ to my credit card.

CARD NUMBER

EXPIRATION DATE CSV NAME ON CARD

SIGNATURE

See back of brochure for return address.