



## Membership Application

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY, STATE, ZIP:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

PREFERRED LANGUAGE:  English  Chinese  French  Spanish  Other \_\_\_\_\_

TYPE OF MEMBERSHIP:  New Member  Renewal

ANNUAL MEMBERSHIP LEVEL:  Individual \$80  Family \$200  
 Senior/ Student \$40  Honored Artist Membership \$200

LIFETIME MEMBERSHIP:  \$10,000 One Time Fee

MAKE AN ADDITIONAL DONATION:

I would like to make a donation of \$ \_\_\_\_\_ to support the museum.

PAYMENT INFORMATION:

Total Amount: \$ \_\_\_\_\_

- Cash**  
 **Check** (payable to International Art Museum of America)  
 **Credit Card** (Please fill out card information)

Card Type:  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Country, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**The International Art Museum of America**  
1025 Market Street  
San Francisco, CA 94103  
Phone: (415) 376-6344, ext. 7001