

Museum of Fine Arts Membership

THIS IS A NEW RENEWAL GIFT MEMBERSHIP FOR:

Names to appear on membership cards: (please print)

Ms. Mrs. Mr. Dr. Other _____

Name on card _____

Name on 2nd card* _____

Address _____

City _____

State _____ Zip _____

Daytime Phone _____

Email address _____

Please send me email about upcoming events at the Museum.

If a gift please sign gift card as follows: _____

Enclosed are Membership dues of:

- | | |
|---|--|
| <input type="checkbox"/> \$35 Student (1 card) | <input type="checkbox"/> \$250 Pelican/Single (1 card) |
| <input type="checkbox"/> \$45 Educator (1 card) | <input type="checkbox"/> \$350 Pelican/Dual* (2 cards) |
| <input type="checkbox"/> \$60 Individual (1 card) | <input type="checkbox"/> \$1000 Fine Arts Sustainer* (2 cards) |
| <input type="checkbox"/> \$100 Dual* (2 cards) | |
| <input type="checkbox"/> \$125 Family* (2 cards) | |
| <input type="checkbox"/> \$200 Patron* (2 cards) | |

Special Group Options Available (plus Membership):

- | | |
|--|---|
| <input type="checkbox"/> \$20 Marly Group | <input type="checkbox"/> \$20 The Contemporaries |
| <input type="checkbox"/> \$30 Friends of Photography | <input type="checkbox"/> \$75 Marly Music Society |
| <input type="checkbox"/> \$20 Friends of Decorative Arts | <input type="checkbox"/> \$500 Collectors Circle |

Membership Dues: \$ _____

Special Group Dues: \$ _____

Contribute to Annual Giving fund: \$ _____

100% tax deductible

TOTAL AMOUNT ENCLOSED \$ _____

Payment Options:

- Check made payable to the Museum of Fine Arts
- VISA MasterCard AMEX Cash

Account Number _____ Exp. Date _____

Signature _____

Print name _____ Phone number _____

Please return form and payment to:

Museum of Fine Arts 255 Beach Drive N.E. • St. Petersburg, FL 33701 or call the Membership Office at 727.896.2667 Ext. 502 or fax 727.894.4638