

MEMBERSHIP APPLICATION

MEMBER OR GIFT FROM

CARD HOLDER NAME

Mr. Mrs. Ms. Dr. Other _____ Male Female Date of Birth ____/____/____

Last Name _____ First _____ Middle _____

CARD HOLDER NAME/ (Associate and above)

Mr. Mrs. Ms. Dr. Other _____ Male Female Date of Birth ____/____/____

Last Name _____ First _____ Middle _____

Primary Address _____ Apt No. _____

City _____ State _____ Zip _____

Phone _____ Email _____

Seasonal Address _____ Apt No. _____

City _____ State _____ Zip _____ Date From _____ Date To _____

PAYMENT

PAYMENT TYPE _____ Cash _____ Check _____ Charge _____ Circle One - Master Card Visa AMX

Make check payable to Ringling Museum of Art Foundation.

MEMBERSHIP LEVEL

Patron	\$5,000 _____	Contributor	\$175 _____
Colleague	\$1,000 _____	Associate	\$100 _____
Sponsor	\$ 500 _____	Friend	\$75 _____

Amt. received _____

Staff Use Only

Cashier/ initials _____ Volunteer Initials _____

New Renewal Temp. Card Date _____

GIFT TO

GIFT MEMBERSHIP INFORMATION

Mr. Mrs. Ms. Dr. Other _____ Male Female Date of Birth ____/____/____

Gift Recipient Name _____ First _____ Middle _____

Mr. Mrs. Ms. Dr. Other _____ Male Female Date of Birth ____/____/____

Gift Recipient Name _____ First _____ Middle _____

(Associate and above)

Address _____

City _____ State _____ Zip _____

Home Phone _____ email _____