

Yes, I want to become a member of the Rochester Art Center

Ms. Miss Mrs. Mr. Dr.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

E-mail address: _____

Method of payment:

Check Visa MasterCard

Card Number: _____

Exp. Date: _____ Signature: _____

Make check payable to: Rochester Art Center. Return this form with payment to: Membership Office, Rochester Art Center, 40 Civic Center Drive SE, Rochester, MN 55904.

Basic Members

Individual\$35

–One adult, 18 and over

Family\$45

–Two adults and children under 18 living at the same address

Senior\$25

–Senior individual or couple, 62 and over

Student\$25

–Full-time high school or college student

Non-resident\$25

–Non-resident individual or household living at the same address, outside Olmsted County

Contributing Members

Friend\$50-\$99

Supporting\$100-\$249

Leadership Circle

Sustaining\$250-\$499

Patron\$500-\$749

Benefactor\$750-\$999

Founder\$1,000 - \$2,499

Sponsor\$2,500 and above

This is a gift membership. Please send to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____