

YES, I WANT TO BE A MEMBER OF THE ROCHESTER ART CENTER!

Ms. Miss Mrs. Mr. Dr.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Yes, subscribe me to your e-newsletter!

Amount of payment: _____

Payment method:

Check (payable to Rochester Art Center)

Visa

Mastercard

Card number: _____

Exp. Date: _____

Signature: _____

MEMBERSHIP LEVELS

Senior \$30
(individual/couple, 62 and over)

Non-resident \$30
(individual/couple living outside Olmsted County)

Student \$30
(full-time high school or college)

Individual \$40

Family \$60
(two adults in same household)

Supporting \$100 - \$249

Sustaining \$250 - \$499

LEADERSHIP CIRCLE

Patron \$500 - \$749

Benefactor \$750 - \$999

CONTEMPORARY CIRCLE

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

Sponsor \$2,500 and above

I choose to decline my non-tax-deductible benefits.