## Membership Form

Coos Art Museum



## **Personal Information**

Full Name Spouse's Name (if applicable)				
(if applicable) Address		State	Zip	
Email				
Phone	Alt. Phone			
Is this membership a gift?	Yes No			
If this is a gift, who is the rec	cipient?			
Type of Membership  *Choose your membership type  Individual (\$45)  Gallery Club (\$250)  Family (\$70)  Curator's Circle (\$500)  Fellowship (\$100)		If you are artist group you might of pricing.  Bay A Assoc	Special Group Pricing  If you are a member of a local artist group or a college student, you might be elligible for special pricing.  Bay Area Artist Association(\$30)  Student (\$15)	
Planned Giving  Yes! I am interested in receiving i	nformation about how to inclu	de Coos Art Muse	eum in my estate plan.	
<b>Payment Details</b>				
Cash Check				
Checks can be made payable t	to Coos Art Museum.			

## For card payments only

If you would like to pay for your membership by credit card, please give us a call, visit us in person, or pay online!

Monthly and annual payment options are available when you pay by card!