

Membership Application

DATE / / MY MEMBERSHIP IS: NEW RENEWING LAPSED

DR. MR. MRS. MS.

ADDRESS

CITY STATE ZIP

PHONE ()

E-MAIL ADDRESS

SCHOOL

Check Category of Membership:

- | | | | |
|-------------------------------------|------|---------------------------------------|---------|
| <input type="checkbox"/> STUDENT | \$5 | <input type="checkbox"/> CONTRIBUTING | \$50 |
| <input type="checkbox"/> TEACHER | \$5 | <input type="checkbox"/> BENEFACTOR | \$100 |
| <input type="checkbox"/> INDIVIDUAL | \$15 | <input type="checkbox"/> SUSTAINING | \$1,000 |
| <input type="checkbox"/> FAMILY | \$25 | | |

AMOUNT ENCLOSED:

Please send me more information about volunteer opportunities.

GIFT MEMBERSHIP APPLICATION

DATE / /

I WISH TO ENROLL THE FOLLOWING AS MEMBER(S):

CARD SHOULD READ: *Gift from*

YOUR TELEPHONE: ()

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- | | | | |
|---|------|---------------------------------------|---------|
| <input type="checkbox"/> STUDENT OR TEACHER | \$5 | <input type="checkbox"/> CONTRIBUTING | \$50 |
| <input type="checkbox"/> INDIVIDUAL | \$15 | <input type="checkbox"/> BENEFACTOR | \$100 |
| <input type="checkbox"/> FAMILY | \$25 | <input type="checkbox"/> SUSTAINING | \$1,000 |

AMOUNT ENCLOSED:

Make check payable to the Morse Museum of American Art.
MAIL TO: Morse Museum of American Art, 445 N. Park Avenue,
Winter Park, FL 32789. Attention: Membership