



**Print this form, complete and fax to (404) 364-8556**

Or mail to: Oglethorpe University Museum of Art / 4484 Peachtree Road, N.E. / Atlanta, GA 30319

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## Oglethorpe University Museum of Art MEMBERSHIP APPLICATION

[Membership Info](#)

Please indicate your selected level of membership:

<input type="checkbox"/> Individual	\$35	<input type="checkbox"/> Director: Individual	\$75
<input type="checkbox"/> Family / Dual	\$55	<input type="checkbox"/> Director: Family/Dual	\$150
<input type="checkbox"/> Senior Citizen	\$20	<input type="checkbox"/> Patron	\$100
<input type="checkbox"/> Senior Citizen Dual	\$30	<input type="checkbox"/> Sponsor	\$250
<input type="checkbox"/> Student, Faculty & Staff	\$25	<input type="checkbox"/> Donor	\$500
		<input type="checkbox"/> Benefactor	\$1,000

**My Contribution: \$** \_\_\_\_\_  New  Renewal

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Name _____	<b>Indicate method of payment:</b>  <input type="checkbox"/> My check is enclosed. (Payable to <b>Oglethorpe University Museum</b> )  <input type="checkbox"/> Please charge to my credit card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express Card Number _____ Expiration Date _____  Your Signature _____
Address _____	
City _____	
State _____ Zip _____	
Telephone _____	
Email Address _____	
<input type="checkbox"/> I am interested in becoming a museum volunteer	

*Thank you for your generous contribution and support of our museum!*