

# WHEATONARTS

AND CULTURAL CENTER

## Membership Application

New Member \_\_\_\_\_ Renewing Member \_\_\_\_\_

Mr.\_\_\_\_ Mrs. \_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ Other\_\_\_\_\_

Name \_\_\_\_\_

2<sup>nd</sup> Card Name (Dual Level and above)\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime telephone \_\_\_\_\_ (circle one: Home Work Mobile)

E-mail address \_\_\_\_\_

*Please Note: Members will receive WheatonArts E-News as well as other mailings.  
WheatonArts respects the privacy of its members and does not share its mailing or e-mail lists.*

Membership Level (*please indicate one*)

- Student\* \$ 25
- Senior Adult\* \$ 25
- Individual \$ 35
- Dual \$ 45
- Family \$ 55
- Sustaining \$ 100
- Contributing \$ 250
- Patron \$ 500
- Collector's Circle \$1,000
- President's Circle \$2,500
- Chairman's Circle \$5,000

*\*Please include a copy of valid Student ID, or identification validating age of 62 for seniors.*

Membership Payment \$ \_\_\_\_\_

Additional contribution \$ \_\_\_\_\_

**Total Amount** \$ \_\_\_\_\_

\_\_\_\_\_ Check enclosed (made payable to **WheatonArts**)

\_\_\_\_\_ Charge my: \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*Please return this **Membership Application** with your check or credit information to:*

**WheatonArts; 1501 Glasstown Road; Millville, NJ 08332.**

*Membership is tax-deductible to the extent allowed by law. Please allow two weeks for processing.*