

WHEATONARTS

AND CULTURAL CENTER

Membership Application

New Member _____ Renewing Member _____

Mr.____ Mrs. ____ Ms.____ Dr.____ Other_____

Name _____

2nd Card Name (Household 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 \$ 20
- Senior \$ 30
- Individual \$ 40
- Household \$ 55
- Sustaining \$ 100
- Contributing \$ 250
- Patron \$ 500
- Collector's Circle \$1,000

Membership Payment \$ _____

Additional contribution \$ _____

Total Amount \$ _____

_____ Check enclosed (made payable to **WheatonArts**)

_____ Please call me at the above number to obtain my credit card information

Please return this Membership Application to:

WheatonArts
1501 Glasstown Road
Millville, NJ 08332

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