

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*)

- | | |
|---|---------|
| <input type="radio"/> <i>Student</i> | \$ 25 |
| <input type="radio"/> <i>Senior</i> | \$ 35 |
| <input type="radio"/> <i>Individual</i> | \$ 45 |
| <input type="radio"/> <i>Household</i> | \$ 65 |
| <input type="radio"/> <i>Sustaining</i> | \$ 110 |
| <input type="radio"/> <i>Contributing</i> | \$ 260 |
| <input type="radio"/> <i>Patron</i> | \$ 500 |
| <input type="radio"/> <i>Collector's Circle</i> | \$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.