

Membership Form

YES, I'D LIKE TO BE A MEMBER OF OMA!

THIS MEMBERSHIP IS: New Renewal Gift

PRIMARY MEMBER'S NAME: Mr. / Ms. / Mrs. / Dr. / Other

_____ (First and Last)

SECONDARY MEMBER'S NAME: Mr. / Ms. / Mrs. / Dr. / Other

_____ for Dual / Family Member and above (First and Last)

CONTACT INFORMATION:

Street _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____

Email _____

MEMBERSHIP LEVEL:

- | | |
|---|--|
| <input type="checkbox"/> \$30 Student/Active Military/
OMA Volunteer | <input type="checkbox"/> \$1,000 Corporate Partner |
| <input type="checkbox"/> \$50 Individual | <input type="checkbox"/> \$2,500 1st year /
\$1,500 Subsequent years
Millennium Club |
| <input type="checkbox"/> \$70 Dual/Family | <input type="checkbox"/> \$5,000 Director's Circle |
| <input type="checkbox"/> \$165 Patron | |
| <input type="checkbox"/> \$500 President's Circle | |
| <input type="checkbox"/> \$500 Business Member | <input type="checkbox"/> \$20 (per person) Add Artist
Alliance to my membership! |
| <input type="checkbox"/> \$1,000 Founder's Circle | |

Membership (as checked above) \$ _____

Add Artist Alliance (\$20 per person) \$ _____

Add a donation to OMA \$ _____

Total Payment \$ _____

Check payable to: Oceanside Museum Of Art

Please charge my membership to: Visa Mastercard

Card Number _____

Expiration _____ CVV _____ Billing Zip _____

Signature: _____

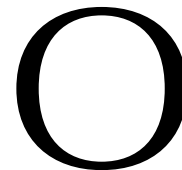
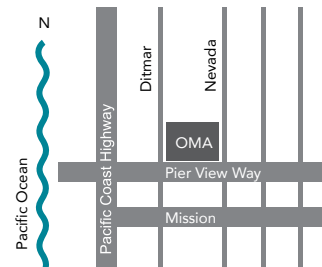
Artist Alliance Name(s) _____

URL for listing: _____

Your membership contribution could be doubled. Check with your employer regarding a matching gift program. Retirees too!

Date Processed: ____/____/____ Donor Perfect POS

Sold by: _____ Received new member packet: Yes No



**OCEANSIDE
MUSEUM OF ART**

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