

DAHESH MUSEUM OF ART

MEMBERSHIP APPLICATION

Individual \$70 Benefactor \$600
 Household \$90 Fellow \$1,000
 Contributor \$150 Director's Circle \$2,500
 Patron \$300 Student/Educator \$50
 Long Distance/Older Adult (ages 62+) 15% off any level above
(*please enclose proof of age*)

For DMA use only

Packet given
 Needs packet
 Initials
 Date appl received

Title (*circle one*): Mr. Ms. Mr. & Mrs. Mrs. Miss Dr. Other _____

Name (*as it is to appear in materials*)

Name to appear on second card (*Household level and above only*)

Address (*include Apt/Suite/Floor #*)

City, State, Zip

Home Phone

Business Phone

E-mail

Fax

Please check one: New Member Renewing Member

I would like to make an additional donation of:

\$50 _____ \$100 _____ \$250 _____ Other \$ _____
for: General Use _____ Education/Programs _____ The Art Acquisition Fund _____

I have enclosed a total payment of \$ _____

Check (*payable to: Dahesh Museum of Art*)

Credit Card (*circle one*): Visa MasterCard American Express JCB

Card Number

Expiration Date

Name (*as it appears on card*)

X

Signature

Enclosed is a completed matching gift form from my corporate employer.

Please return this form and payment to: Dahesh Museum of Art, 580 Madison Avenue, New York, NY 10022,
or fax it to 212-759-1235, or call 212-759-0606 ext 242 for quick processing.

All contributions are tax-deductible to the extent allowed by law. You will receive your Membership card(s) by
mail in approximately two weeks.