

# MEMBERSHIP APPLICATION

New Member  Renewing Member

## Member Information

Mr.  Mrs.  Ms.  Dr.  other \_\_\_\_\_

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
E-mail address to receive monthly e-news, @  NOW.

I have children that are 12 and under.

## Membership Categories (PLEASE CHECK ONE)

\$50 Individual

\$125 Associate

\$40 Educator/Artist

\$250 Supporter

\$65 Family/Dual

\$500 Sponsor

\$50 Family/Educator/Artist

\$750 Contributor

\$2,000 Masters Society

\$1,000 Young Masters Society (UNDER AGE 40) \_\_\_\_\_

## Special Interest Groups

\$500 Native American Art Circle

BIRTH DATE

\$1,000 Friends of the Garden

I'm enclosing an additional tax deductible contribution of \$ \_\_\_\_\_.

Total \$

## Form of Payment

Cash

Check enclosed payable to **PHILBROOK MUSEUM OF ART**  
Please charge \$ \_\_\_\_\_ to my

Visa  MasterCard  American Express  Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Expires

\_\_\_\_\_  
Signature

## Corporate Matching Gifts

Double your gift through your employer's Matching Gift Program.  
Please see your HR department for more details.

I have enclosed a Matching Gift Form from my  
employer \_\_\_\_\_.



**PHILBROOK MUSEUM OF ART**

2727 South Rockford Road | Tulsa, OK 74114

918.749.7941 | [www.philbrook.org](http://www.philbrook.org)

Philbrook Membership 918.748.5320

# GIFT MEMBERSHIP

## Yes, I would like to send a gift membership to:

Mr.  Mrs.  Ms.  Dr.  other \_\_\_\_\_

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip

\_\_\_\_\_  
Daytime Phone

Evening Phone

\_\_\_\_\_  
E-mail address to receive monthly e-news, @  NOW.

## This membership is a gift from:

Mr.  Mrs.  Ms.  Miss

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Gift message

Mail membership card to  Recipient  Me

Send renewal notice to  Recipient  Me

## Membership Categories (PLEASE CHECK ONE)

- |   |  |
|---|--|
| <input type="checkbox"/> \$50 Individual                                    | <input type="checkbox"/> \$125 Associate   |
| <input type="checkbox"/> \$40 Educator/Artist                               | <input type="checkbox"/> \$250 Supporter   |
| <input type="checkbox"/> \$65 Family/Dual                                   | <input type="checkbox"/> \$500 Sponsor     |
| <input type="checkbox"/> \$50 Family/Educator/Artist                        | <input type="checkbox"/> \$750 Contributor |
| <input type="checkbox"/> \$2,000 Masters Society                            |  |
| <input type="checkbox"/> \$1,000 Young Masters Society (UNDER AGE 40) _____ |  |

BIRTH DATE

## Special Interest Groups

- \$500 Native American Art Circle  
 \$1,000 Friends of the Garden

I'm enclosing an additional tax deductible contribution of  
\$ \_\_\_\_\_.

Total

\$

## Form of Payment

- Cash  
 Check enclosed payable to **PHILBROOK MUSEUM OF ART**  
Please charge \$ \_\_\_\_\_ to my  
 Visa  MasterCard  American Express  Discover

\_\_\_\_\_  
Card Number

Security Code

\_\_\_\_\_  
Expires

\_\_\_\_\_  
Signature