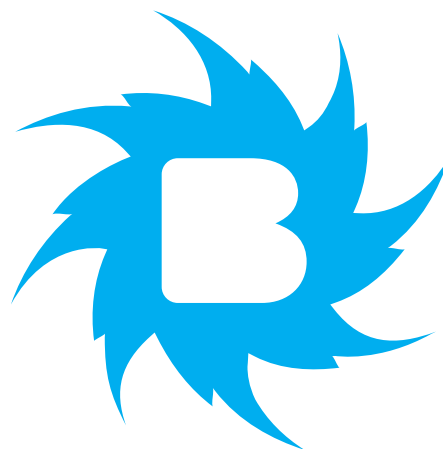


Brooklyn Museum Membership Application



My Membership is: New Renewal Gift

Choose your level of Membership:

- Individual \$55
 - Older Adult \$45
 - Educator \$45
 - Artist \$45
 - Full-Time Student \$45
- Dual \$85
 - Older Adult \$75
- Family \$100
 - Older Adult \$90
- Contributor \$150 **Best Value!**
 - Older Adult \$140
- Patron \$350
- Donor \$600
- Fellow \$1,000
- Curator's Circle \$2,500
- Benefactors Circle \$5,000

Mr. Ms. Mrs. Miss Dr. Mr. and Mrs.

Your Name (Please print as it should appear in Membership materials)

Address Apartment #

City State Zip

Home Phone Business Phone

Email Address

Dual-level Membership and above:

Mr. Ms. Mrs. Miss Dr. Mr. and Mrs.

Name of second card holder

Relationship of second card holder (for mailing purposes):
 Spouse/Partner Family Member Friend

Payment

Membership Dues \$ _____

Annual Fund Contribution \$ _____

Total Enclosed \$ _____

- Check made payable to *Brooklyn Museum* enclosed
- VISA MasterCard American Express

Credit Card # and Security Code Expiration Date

- My company's matching gift form is enclosed.

If Membership is a gift, please complete below:

Recipient Name

Recipient Address Apartment #

City State Zip

Recipient Phone

Message to Recipient

Gift Dual-level Membership and above:

Mr. Ms. Mrs. Miss Dr. Mr. and Mrs.

Name of second card holder

Relationship of second card holder for (mailing purposes):
 Spouse/Partner Family Member Friend

Please return completed application to: Brooklyn Museum,
Membership Department, 200 Eastern Parkway, Brooklyn,
NY 11238-6052