

MEMBERSHIP FORM

DONOR/MEMBER INFORMATION

Member One Name: _____
First MI Last Maiden DOB

Member Two Name (if applicable): _____
First MI Last Maiden DOB

Address: _____

Phone: _____ Email Address: _____

MEMBERSHIP LEVEL

- Senior* (\$30)
- Student* (\$30)
- Artist* (\$40)
- Educator* (\$40)
- Friend (\$50)
- Family (\$75)
- Donor (\$100)
- Patron's Circle (\$250)
- Collector's Circle (\$500)
- Hilliard Society (\$1000)

PAYMENT INFORMATION

- Check
- Cash
- Credit Card

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address (if different from Member Info):

Signature: _____

GIFT MEMBERSHIP

Name: _____

Address: _____

A Gift From: _____

Message: _____

*Verification is required to determine eligibility for select membership levels. Verification could be a form of identification, website, email address, or business card that shows your distinction.