



FRIENDS OF THE GEORGIA MUSEUM OF ART MEMBERSHIP FORM

Contact Information

Name Dr./Mr./Mrs./Ms.

Address _____

City, State Zip _____

Phone _____

Email _____

Membership Level (select one)

Student*	\$15	_____
Senior Individual* (65 and over)	15	_____
Senior Couple*	25	_____
Individual*	30	_____
Couple/Family*	50	_____
Contributing	100	_____
Donating	250	_____
Sustaining	500	_____
Director's Circle	1,000	_____
Patron	2,500	_____
Benefactor	5,000	_____
Alfred Heber Holbrook Society	10,000+	_____
The Collectors (in addition to membership fee)	35	_____
*UGA Alumni Association Members	5% discount	_____
Additional Tax-Deductible Gift		_____
TOTAL DUE		_____

Payment Options

Send this form with payment to

Friends of the
Georgia Museum of Art
90 Carlton Street
Athens, GA 30602

Check enclosed made payable to Arch Foundation

Credit card (circle one) Visa MC Amex Discover

Number _____

Exp. date _____

Signature _____

_____ NEW _____ RENEWING