

# VMFA Membership Application

PLEASE PRINT (This information required for all transactions.)

Mr. & Mrs.  Mr.  Mrs.  Ms.  Miss  Other

\_\_\_\_\_  
Your name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
E-mail address

## SIGN ME UP! (check one) BASIC MEMBERSHIP OPTIONS

**Metropolitan**  Individual \$40  Dual (Family) \$60

**Senior**  Individual \$35  Dual \$50

**Student \$15** \_\_\_\_\_  
Name of school

**Teacher \$30** \_\_\_\_\_  
Name of school

**State & National**  Individual \$25  Dual \$40

## ADDITIONAL MEMBERSHIP OPTIONS

**Contributor \$100**

**Supporter \$250**

**Curator's Circle \$500**

**Patron \$1,000**

## In addition to becoming a member, I WANT TO JOIN A SUPPORT GROUP

**Friends of Art**  Individual \$15  Dual \$25

**Friends of African and African-American Art**  Individual \$35  Dual \$40

**Friends of the Studio School**  Individual \$25  Dual \$45

**Friends of Sporting Art**  Individual \$150  Dual \$200

**Canvas**  Individual \$150  Dual \$300

**Collectors Circle**  Individual \$225  Dual \$425

**The Council \$50** (Click here for Council details)

## METHOD OF PAYMENT (check one)

My check for \$\_\_\_\_\_ payable to VMFA is enclosed.

Charge membership(s) totaling \$\_\_\_\_\_ to my

Visa

MasterCard

AMEX

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Cardholder's signature (required)

RETURN PAYMENT TO

**VIRGINIA MUSEUM OF FINE ARTS**

Attn: Membership Office

200 N. Boulevard

Richmond, Virginia 23220-4007

QUESTIONS: 804.340.1520

Is this a renewal?  Yes  No

\_\_\_\_\_  
Member ID