

MEMBER INFORMATION

M/F

Title	First Name	Middle Initial	Last Name	Suffix	Birthdate MM/DD/YYYY	Gender
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Primary Mailing Address

City	State	Zip Code
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Phone (Home or cell; please circle one)	E-mail Address
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Work Phone	Employer
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M/F

SECOND MEMBER (Dual level and above)	Relationship	Birthdate MM/DD/YYYY	Gender
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E-mail Address	Phone
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MEMBERSHIP CATEGORIES

	CATEGORIES	PRICE	TOTAL
GENERAL	Individual	\$50	\$ _____
	Dual/Family*	\$80	\$ _____
	Senior (Age 65+)	\$40	\$ _____
	Dual Senior/ Active Military	\$70	\$ _____
	Artist	\$40	\$ _____
	Teacher	\$40	\$ _____
	Active Military	\$40	\$ _____
CONTRIBUTING	Student	\$25	\$ _____
	Friend^	\$150	\$ _____
	Donor	\$500	\$ _____
DIRECTOR'S CIRCLE	Patron	\$1,000	\$ _____
	Grand Patron	\$1,500	\$ _____
	Steward	\$2,500	\$ _____
	Benefactor	\$5,000	\$ _____
	Curator's Council	\$10,000	\$ _____
Director's Council	\$15,000	\$ _____	
Chariman's Council	\$25,000+	\$ _____	

*2 Adults and children under 18
 ^Access to 800+ museums in the US, visit narmassociation.org for more information.

MUSEUM ENGAGEMENT GROUPS

MUST BE A CURRENT MEMBER OF THE MUSEUM TO JOIN

	INDIVIDUAL	DUAL	TOTAL
William Jay Society	\$20	\$30	\$ _____
Friends of African American Arts	\$25	\$35	\$ _____
Friends of Owens-Thomas House	\$100	\$150	\$ _____
Richard Richardson		\$250	\$ _____
George W. Owens		\$500	\$ _____
Margaret Gray Thomas		\$1,000	\$ _____
Gari Melchers Collectors' Society	\$500	\$750	\$ _____
Julian Story Sponsor		\$1,000	\$ _____
Frederick Carl Frieseke Friend		\$1,500	\$ _____
Carl Brandt Backer		\$2,500	\$ _____
George Bellows Benefactor		\$5,000	\$ _____

Telfair Academy Guild Individual \$35 / Supporter \$50
 Please email TAG@telfair.org to join.

 __Student /Teacher _____
 Please list your school

__Artist: Please share your artist statement no more than 100 words on the back of this form. Please include your medium, motivation, inspiration, or process.

Please list your website if you have one

GIFT MEMBERSHIP *GIFT GIVER* INFORMATION

MAIL GIFT TO: __ Recipient __ Gift Giver

MAIL RENEWAL TO: __ Recipient __ Gift Giver

Title	First Name	Last Name	Suffix
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Address

City	State	Zip
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Phone	E-mail Address
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PAYMENT INFORMATION

TOTAL AMOUNT PAID \$ _____

METHOD OF PAYMENT (make checks payable to Telfair Museums)

__ CASH __ CHECK (No. _____) __ CREDIT CARD

__ MasterCard __ Visa __ American Express Sec.Code _____

Credit Card No. _____

Signature _____ Exp. _____

I am interested in learning about becoming a:

__ VOLUNTEER __ DOCENT __ INTERN

__ I would like to receive monthly emails!