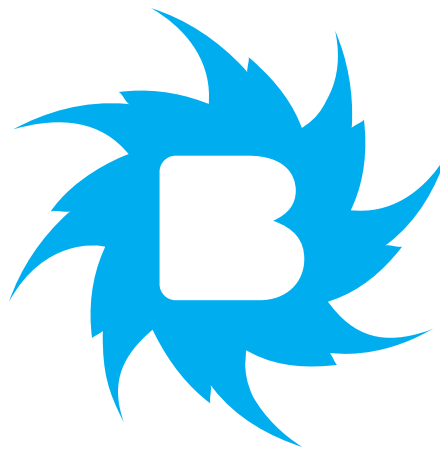


# Brooklyn Museum Membership Application



**My Membership is:**  New  Renewal  Gift

**Choose your level of Membership:**

- Individual \$55
  - Older Adult \$45
  - Artist \$45
  - Educator \$45
  - Full-Time Student \$45
- Family and Friends \$85
  - Older Adult \$75
- Best Value!** Contributor \$150
  - Older Adult \$140
- Patron \$350
- Donor \$600
- Fellow \$1,000
- Director'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

\_\_\_\_\_  
E-mail Address

**Family and Friends-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 Number 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 Family and Friends-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