

My membership is:

New Renewal Gift [A.]+[B.]+[E.]+[F.]

[A.] Choose your level of Membership:

- Basic \$25 (Complete [A.]+[B.]+[E.])
 Supporting \$100 (Complete [A.]+[B.]+[C.]+[E.])
 Contributing \$350 (Complete [A.]+[B.]+[D.]+[E.])

[B.] Member ID Number (optional): _____

Mr. Ms. Mrs. Dr.

Your name (Please print as it appears on valid identification)

Address Apartment #

City State Zip

Home phone/Cell phone

Email address

[C.] Supporting level membership (optional):

Mr. Ms. Mrs. Dr.

Name of second member

Relationship of second member (ex: Spouse, Son, Friend, etc.)

[D.] Contributing level membership (optional):

Mr. Ms. Mrs. Dr.

Name of second member

Relationship of second member (ex: Spouse, Daughter, Friend etc.)

Mr. Ms. Mrs. Dr.

Name of third member

Relationship of third member

[E.] Payment

Membership dues \$ _____

Annual Fund contribution \$ _____
(100% tax-deductible)

Total enclosed \$ _____

Check made payable to **Honolulu Museum of Art** enclosed
 Visa MasterCard American Express

Credit card #

Exp. date Security code

Cardholder name

Billing address

City State Zip

My company's matching gift form is enclosed.

[F.] If membership is a gift, please complete below:

Mr. Ms. Mrs. Dr.

Recipient name

Recipient address Apartment #

City State Zip

Recipient phone

Recipient email address

Relationship to membership purchaser

Please return completed application and payment to:
Honolulu Museum of Art
Attn: Donor Services
900 S. Beretania St
Honolulu HI 96814

 If you have any questions, call our
Membership Hotline at (808) 532-8724