**Racine Art Museum** 441 Main Street Racine, Wisconsin 53401-0187 p 262.638.8300 f 262.898.1045 www.ramart.org

R|A|M

Membership Application

Yes, I want a New___ Renewal___ Upgrade___ Gift___

membership at the following level:

| | | | |
|---|---|---|---|
| Family/Dual | ___ $75 | | |
| Individual | ___ $55 | | |
| Senior | ___ $45 (62+) | | |
| Student/Child | ___ $7.50 | | |
| Enthusiast | ___$125 | ___$250 | ___$500 |
| Champion | ___$1,000 | ___$2,500 | ___$5,000 |

Please see Levels and Benefits for privileges

_____
Name of each member

_____
If membership is for a child please include name of adult

_____
Address

_____
City State Zip

_____
Main Phone Cell Phone

_____
E-mail

Method of payment:

Check #_____ enclosed, made payable to: Racine Art Museum

Charge to: ____ M/C ____ Visa ____Discover

Card#_____

Exp. Date_____ V-Code_____

Signature_____