

Membership Application

I would like to join as: \$50 individual \$90 duet \$150 contributing \$250 sustaining
 \$500 supporting \$1,250 President's Club \$2,500 SMOCA Salon \$5,000 SMOCA Sponsor

I would also like to contribute with a tax deductible gift to SMOCA \$ _____ Total \$ _____

First Name: _____ Last Name: _____

2nd Name: _____ Last Name: _____

Address: _____

City/State/AZ: _____

Phone: _____ Email: _____

Enclosed is my check made payable to SMOCA or please charge my Visa MC AmX

credit card number

expires

authorized signature

I would like to purchase a gift membership. The above is my billing information. I understand a letter and membership cards explaining benefits will be sent informing the person(s) of my gift of membership.

First Name: _____ Last Name: _____

2nd Name: _____ Last Name: _____

Address: _____

City/State/AZ: _____

SMoCA

scottsdale museum of contemporary art

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