



Becoming a Maryholder! Belong :: Share :: Care

JOIN | RENEW | GIVE A GIFT MEMBERSHIP

To join, renew or give a gift membership, please complete this form and mail to the Maryhill Museum of Art, 35 Maryhill Museum Drive, Goldendale, WA 98620 with your check or credit card information. If you prefer, you may pay online at <http://www.maryhillmuseum.org/2013/belong/membership> or call the museum office at 509 773-3733 to pay by phone.

A full description of membership levels and benefits can be found on the museum's website at the above address. If you have any questions, or wish to consider becoming a member of the museum's Sam Hill Society, contact the museum by phone at 509 773-3733, ext. 20 or email maryhill@maryhillmuseum.org.

Thank you,
Maryhill Museum of Art

Is this a new membership or a renewal?

New Renewal

Is this a gift membership?

Yes NO

Membership Categories (select one)

Individual, \$50 to 74 Household, \$75 to \$99 Business Partner, \$200

Young Adult, \$35-\$49 Age (required for Young Adult category): _____

Premier Memberships

Sponsor , \$100 to \$249 Patron, \$250 to \$499 Sustaining, \$500 to \$999 Benefactor, \$1,000+

Member Contact Information

Please fill out the following member information so that we may send or email you information about our exhibits and programs. Please spell names as you would like them to appear on the membership cards.

Primary Name: _____ Prefix: Suffix: _____

Second Membership Name (for Family or Premier Membership):

Additional Membership Card Names (for Family or Premier Membership):

Address: _____
City: _____ State/Prov.: _____ Postal Code: _____
Country: _____
Home Phone: (____) _____ Work Phone: (____) _____
Email: _____

*An email address is necessary for your subscription to Maryhill E-Newsletter. You may decline by leaving this field blank.

Billing Information if different from above OR if you are purchasing a gift membership:

Primary Name: _____ Prefix: _____ Suffix: _____
Address: _____
City: _____ State/Prov.: _____ Postal Code: _____
Country: _____
Home Phone: (____) _____ Work Phone: (____) _____
Email: _____

Payment: A check is enclosed. Please charge my credit card:

Credit Card: Visa MasterCard Amex Discover Debit*

*Debit cards will be processed like a credit card.

Name as it appears on card: _____

Account Number: _____

Expiration Date: _____ **Billing Zip:** _____ **3-Digit Security Code:** _____

Signature: _____

I decline monetary benefits associated with my renewal, making my membership fully tax-deductible. For more information about member benefits please see the museum's website.

I wish to make an additional gift in the amount of: \$ _____

Thank you for your support!

Mail to:
Membership
Maryhill Museum of Art
35 Maryhill Museum Drive
Goldendale, WA 98620