

Friends of American Art Membership Acceptance Form

Complete and Return Form To:

Orlando Museum of Art, Attn: Development Department, 2416 North Mills Ave, Orlando FL 32803

Membership Levels

- Peale*: \$100,000 – \$20,000 annually over five years
- Sargent*: \$25,000 – \$5,000 annually over five years
- Moran*: \$5,000 – \$2,500 annually over two years
- Hassam*: \$1,000 – \$500 annually over two years
- O’Keeffe*: \$500 – \$250 annually over two years for persons under age 34

OMA membership is a prerequisite for *Friends of American Art* membership at the Hassam and O’Keeffe level when paying annually over two years.

If you are not already an OMA member, please select a membership level below.

- Individual One Year/Two Year \$55 \$100
- Individual Senior (65+) One Year/Two Year \$45 \$80
- Dual/Family One Year/Two Year \$80 \$150
- Dual/Family Senior (65+) One Year/Two Year \$70 \$130
- Contributing \$125
- Supporting \$250
- Sustaining \$500

Complimentary Individual or Dual/Family OMA membership included in other levels.

I/We accept with pleasure your invitation to join the Orlando Museum of Art *Friends of American Art*.

Amount for *Friends of American Art* Membership \$ _____

Amount for Museum Membership \$ _____

- Already Museum Member/s

Total \$ _____

- Check Enclosed
- Charge to my ___ American Express ___ MasterCard ___ Visa ___ Discover

Name as it appears on card _____

Card Number _____ Exp. Date _____

Signature _____

Dr. Mr. Mrs. Ms. _____

Nickname _____

Dr. Mr. Mrs. Ms. _____

(second adult for Dual/Family membership)

Nickname _____

Address _____

City _____

State _____ Zip _____

Telephone (home) _____ (business) _____

E-mail _____

I/We understand that my/our membership is payable annually over two years (O’Keeffe, Hassam and Moran) or over five years (Sargent and Peale) and that I/we will be invoiced accordingly: _____

(Signature)

Your contribution to the OMA is tax deductible as allowable by law.

