General Membership Reservation Form

Membership Categories	One Year	Two Years
Student (full time with I.D.) **Student ID#:**	○ **$40**	○ **$70**
Individual	○ **$55**	○ **$100**
Dual/Family	○ **$80**	○ **$150**
Contributing	○ **$125**	
Supporting	○ **$250**	
Sustaining	○ **$500**	
Associates	○ **$15**	
The Resource Center	○ **$15**	

Seniors 65+ receive $10 discount on Individual and Dual/Family Levels.
Members can join for 2 years and receive $10 on any level.

○ **New Membership** ○ **Renewing Membership (Constituent ID# _____)**

The OMA sends communications and updates primarily by email. Please also continue to visit our website for the most up to date information on exhibitions, events and educational programs.

Title:_____First Name:_____Initial: _____Last Name:_____

Title:_____First Name:_____Initial: _____Last Name:_____

Street Address:_____Apartment Number:_____

City:_____County:_____State:_____Zip:_____

Phone: (_____)_____(____)_____email:_____
Home or Cell business

Employer:_____ Industry:_____

Does your employer have a matching gift program? ○ Yes ○No

_____
Company or Organization name

○ **Check enclosed**
○ **Visa/MC** ○ **AMEX** ○ **Discover**

_____
Account # Expiration Date

_____
Name on Card

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