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Last Name _____ First Name(s) _____

Address _____

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Telephone _____ e-mail _____

Signature _____ Date _____

Please print clearly. See reverse side for membership choices.



MEMBERSHIP LEVEL	1 year	2 year	3 year	5 year
STUDENT	\$25	\$40	\$60	\$95
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FAMILY	\$55	\$95	\$150	\$240
FRIEND	\$100	\$175	\$250	\$375
PATRON	\$250	\$450	\$675	\$1000
BENEFACTOR	\$500	\$900	\$1300	\$2000
PRESIDENTS CIRCLE	\$1000	\$1850	\$2700	\$4000

Membership Level: _____ Year: _____ \$ _____

Please indicate membership level and number of years above, sign and return this card. Make checks payable to Washington Art Association. The full amount of dues and contributions are tax deductible. Thank You.

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