

Date: \_\_\_\_\_  
New:  Renew:

**Member Information:**

Ms.     Mr.     Mr. and Mrs.     Dr.     Other:

\_\_\_\_\_  
Name (as it should appear on membership card and recognition materials)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Member Levels:**

- \$10 **Art Academy Student**
- \$25 **CIRCLE ONE: Senior / Student / Educator**
- \$45 **Individual**
- \$65 **Family**
- \$125 **Insider**

Total: \_\_\_\_\_

**Credit Payment:**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Check Payment:**

Please make check payable to—The Contemporary Arts Center

**Mail to:**

Lois & Richard Rosenthal Center for Contemporary Art

44 East 6<sup>th</sup> Street

Cincinnati, OH 45202

Attn: Development Department

