

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 6th Street

Cincinnati, OH 45202

Attn: Development Department

