

# Membership Enrollment Form

I want to become a member of the Samuel Dorsky Museum of Art  
SUNY New Paltz

I want to give a gift of membership to the Samuel Dorsky Museum of Art  
SUNY New Paltz

- |  |   |
|--|---|
| <input type="checkbox"/> \$10 Student        | <input type="checkbox"/> \$250 Sponsor            |
| <input type="checkbox"/> \$25 Contributor    | <input type="checkbox"/> \$500 Patron             |
| <input type="checkbox"/> \$50 Dual/Household | <input type="checkbox"/> \$1000 Benefactor        |
| <input type="checkbox"/> \$100 Donor         | <input type="checkbox"/> \$2500 Director's Circle |

Membership For:  Ms.  Miss  Mrs.  Mr.  Mr. and Mrs.

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Business Telephone Number

I prefer not to receive benefits.

## Payment Information

Enclosed is a check for \$\_\_\_\_\_ payable to the SUNY New Paltz Foundation  
Please Charge membership totaling \$\_\_\_\_\_ to my (credit card type) \_\_\_\_\_

\_\_\_\_\_  
Card Number Expiration Date

\_\_\_\_\_  
Signature (required for credit card)

\_\_\_\_\_  
E-mail

Sender (if membership is a gift):  Ms.  Miss  Mrs.  Mr.  Mr. and Mrs.

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Membership Category e-mail