

PAACF Membership Application

1st Member Name: _____

2nd Member Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Work Phone: _____

Email Address: _____

Select a Membership Level:

- | | | | |
|---|----------|-------------------------------------|--------|
| <input type="checkbox"/> Artist/Student | \$ 20 | <input type="checkbox"/> Individual | \$ 40 |
| <input type="checkbox"/> Family/Dual | \$ 60 | <input type="checkbox"/> Sponsor | \$ 100 |
| <input type="checkbox"/> Patron | \$ 250 | <input type="checkbox"/> Benefactor | \$ 500 |
| <input type="checkbox"/> Visionary | \$ 1,000 | | |

Seniors, 62 years of age or above, may take a 10% discount in any membership category.

Select a Payment Type:

! Check Included. Mail to:

PAACF Membership Palo Alto Art Center 1313 Newell Road Palo Alto,
CA 94303

! Credit Card. Fax to: 650-326-6165

Visa | MC | Amex | Other: _____

Exp: _____