

INDIVIDUAL MEMBERSHIP LEVELS

	\$550 INDIVIDUAL MEMBERSHIP	\$75 HOUSEHOLD MEMBERSHIP	\$100 SUPPORTING	\$250 ASSOCIATE PATRON	\$500 PATRON	\$1,000 DONOR BENEFACTOR	\$3,000 FOUNDATION CIRCLE	\$5,000 CHAIRMAN'S CIRCLE
Membership for a Single Individual	●	●	●	●	●	●	●	●
One (1) Personalized Membership Card	●	●	●	●	●	●	●	●
Free Daily Admission (with membership card)	●	●	●	●	●	●	●	●
E-Blasts and Quarterly Newsletter	●	●	●	●	●	●	●	●
Invitations to Member Previews & Special Events	●	●	●	●	●	●	●	●
Discounted Pricing on Educational Programs	●	●	●	●	●	●	●	●
10% Discount in Gift Shop & at Hester's Café in the Art Museum	●	●	●	●	●	●	●	●
Membership for All Adults, Children and Grandchildren in Household		●	●	●	●	●	●	●
Personalized Membership Cards (for each household member)		●	●	●	●	●	●	●
Kid's Club Membership (ages 5-14)		●	●	●	●	●	●	●
Advance Notice and Pre-Registration on Summer Camps		●	●	●	●	●	●	●
Eligibility for Facility Rentals of Museum Galleries and Meeting Rooms			●	●	●	●	●	●
Free Exhibition Poster of Your Choice (from selected stock in Gift Shop)			●	●	●	●	●	●
Enrollment into the Contemporary Art Circle (CAC)			●	●	●	●	●	●
Enrollment into the National Association of Reciprocal Membership (NARM) program (providing admission to 800+ museums nationwide)			●	●	●	●	●	●
15% Discount on All Gift Shop Purchases (excludes consignment)				●	●	●	●	●
Enrollment into the Texas Reciprocal Museum (TRM) Program				●	●	●	●	●
Free Exhibition Catalogue (from selected stock in Gift Shop)				●	●	●	●	●
Two (2) Drink Tickets (will be mailed with Membership Card to be used at member receptions only throughout the year)				●	●	●	●	●
Four (4) Drink Tickets (will be mailed with Membership Card to be used at member receptions only throughout the year)					●	●	●	●
Free Admission to Two (2) Curatorial Tours (lead by docent or staff)					●	●	●	●
Art Museum Wall of Honor Recognition (for one calendar year)						●	●	●
Eight (8) Drink Tickets (will be mailed with Membership Card to be used at member receptions only throughout the year)						●	●	●
Invitation for Two (2) to the Annual Foundation & Chairman's Circle Dinner							●	●
Eligibility for a Discount on Facility Rental Fees							●	●
Recognition on the Donor Wall for up to Two (2) Exhibitions as a Foundation or Chairman's Circle Exhibition Sponsor							●	●
Private Reception and Program at Museum with the Director							●	●
Invitation to Visit a Texas Gallery or Museum with the Director							●	●
Two (2) Gala tickets								●

AMST Membership Department

361-825-3509

www.artmuseumofsouthtexas.org

1902 North Shoreline Blvd. Corpus Christi, TX 78401

YES, I WANT TO BE PART OF AMST!

MEMBERSHIP LEVEL *(mark level)*

- \$50 Individual \$500 Patron
 \$75 Household \$1,000 Donor Benefactor
 \$100 Supporting \$3,000 Foundation Circle
 \$250 Associate Patron \$5,000 Chairman's Circle

PLEASE PRINT *(contact the Business Office for additional cards)*

Mr./Mrs./Ms./Dr. *(mark as appropriate)*

Name _____

Spouse Name _____

Would you like to add Membership Cards for others in your household? Yes No

A staff member will contact you for additional Membership Cards

Address _____ City _____

State _____ Zip _____ Phone _____

E-mail Address _____

- Active Military Senior Family *(mark if applies)*

I would like more information on the following *(mark selections)*

- Collectors Club Docent Program Kids Club
 CAC Events Volunteering Gala
 Adopt a Painting Sponsorships ArtRageous

MATCHING GIFTS? Yes No

Double your membership contribution! Ask your company about their matching gift program (or call us for a list)

IS THIS A GIFT MEMBERSHIP? Yes No *(mark if applies)*

Recipient's Name _____

Address _____

City _____

State _____ Zip _____ Phone _____

E-mail Address _____

Upon expiration, please send renewal to Recipient Purchaser

ADDITIONAL CONTRIBUTION? Yes No \$ _____

Your contribution supports AMST's exhibition & education programs

MAKE CHECKS PAYABLE TO THE ART MUSEUM OF SOUTH TEXAS

Check enclosed in the amount of _____

Please bill my credit card in the amount of _____

Name on Card _____

(Please Print)

Account number _____

Exp. date ___/___ Card Security Code _____ Zip _____

Please attach receipt here.

FOR OFFICE USE ONLY

OFFICE NOTES

AMST STAFF: Please Mark

- New Membership
 Membership Renewal
 Gift Membership

ADDITIONAL NOTES