

Please enroll me in the following category:

- Botticelli \$500
- Rubens \$250
- Mummy \$125
- Family/Dual \$ 75
- Individual \$ 50
- Student \$ 25

- Director's Circle**
- Platinum Director's Circle \$5,000
  - Gold Director's Circle \$2,500
  - Silver Director's Circle \$1,000

Please print clearly

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Home Phone Cell phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Email

**Method of payment:**

- Cash
- Check enclosed (payable to the Bass Museum of Art)
- Credit Card:
  - Amex  Mastercard  Visa

\_\_\_\_\_  
Amount \$

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

\_\_\_\_\_  
Expiration Date CVV2#

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Signature

**Family/Dual membership or higher:**

Spouse  Partner  Family member  
 Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

\_\_\_\_\_  
Name

Children 18 yrs. and under

\_\_\_\_\_  
Name Date of birth (required)

\_\_\_\_\_  
Name Date of birth (required)

**Gift Membership (Donor Information):**

\_\_\_\_\_  
Gift Donor Name Mr./Mrs./Ms./Dr.

\_\_\_\_\_  
Donor's Address

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

\_\_\_\_\_  
Phone (home or cell)

**For Internal Use Only:**

Registration Date \_\_\_\_\_

Constituent # \_\_\_\_\_

Membership # \_\_\_\_\_

Cards mailed \_\_\_\_\_

Your membership supports programs and exhibitions at the Bass Museum of Art. Thank you.

Mail to Bass Museum of Art, Membership Dept, 2100 Collins Avenue, Miami Beach, FL 33139  
or email to [dwolpert@bassmuseum.org](mailto:dwolpert@bassmuseum.org) or fax to 786-394-4029 attn: Denise Wolpert