

Membership Application

Name(s): _____

Mailing Address: _____

Summer Mailing address, if different: _____

Summer address dates: from _____ to _____

Telephone: _____ Email: _____

MEMBERSHIP CATEGORIES

___ Individual.....\$35

___ Dual (2 adults).....\$60

___ Family.....\$85

___ Associate.....\$150

___ Supporting.....\$250

___ Donor.....\$500

___ Partners' Circle.....\$1,000

___ Benefactor.....\$5,000

___ This is a new membership

___ This is a renewal membership

___ I'd like to make an additional contribution
of _____.

___ My employer will match my gift (please
include matching gift form)

Please mail to: Ogunquit Museum of American Art, P.O. Box 815, Ogunquit, ME 03907

Business memberships are also available – please call us at (207) 646-4909 for more information.

Membership dues and contributions are tax deductible.

