

# Membership Order Form

Please fill in the member information and fax to 415.459.4441 or mail to:  
 Marin Arts Council, 906 4th Street, San Rafael, CA 94901

_____	membership
+ _____	contribution
=	<b>TOTAL</b>

**I want to join as a**     \$55-Friend     \$150-Associate     \$275 Partner / Open Studios  
*in addition to my membership I would like to contribute to the Marin Arts Council*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ PRIMARY DISCIPLINE \_\_\_\_\_

WEBSITE \_\_\_\_\_

## Payment Method

My Check is attached     Please charge my Credit Card     Visa     MasterCard

CREDIT CARD NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ 3 DIGIT SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Thank you for your support. Marin Art Council is a community supported non-profit arts organization. All gifts are tax deductible to the extent of the law.