

# BRUSH ART GALLERY MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Street:

City:

State:

ZIP Code:

Phone:

Cell:

Fax:

E-Mail Address:

## BUSINESS INFORMATION

Business Name:

Business Address:

Phone:

City:

State:

ZIP Code:

Your Business Title:

## MEMBERSHIP LEVEL (CHECK ONE)

**New Member ( )      Renewal ( )**

Individual \$35 ( )      Family/Household \$50 ( )      Student/Senior/Artist \$25 ( )      Friend \$100 ( )

Sponsor \$250 ( )      Fellow \$500 ( )      Patron \$1000 + ( )

## PAYMENT INFORMATION

Corporate Matching Gift Form Enclosed ( )

\_\_\_\_\_ Total for Membership

\_\_\_\_\_ Additional Contribution

\_\_\_\_\_ Total Enclosed

### Every membership and gift is important.

Ongoing support from our friends is essential to the Brush's future. Help us to continue providing the outstanding exhibitions and educational programs, for youth and adults, that have made us a cornerstone of the Greater Lowell Cultural Community.

**Please print this application and return it to:**

**Brush Art Gallery & Studios**

**256 Market Street**

**Lowell, MA 01852**