



MEMBERSHIP APPLICATION

Member _____ Spouse/Life Partner _____

Home Address _____

City/State _____ Zip Code _____ Home Phone _____

Summer Address _____
(if different from above) (beginning date) (ending date)

City/State _____ Zip Code _____ Home Phone _____

Business Phone _____ Fax _____ Cell _____

email _____ email _____
If you wish to have notices sent to member and spouse/life partner, please list both e-mail addresses.

Membership Directory: Check the box in front of each item above that you do NOT want published in the Directory.

I do not wish to be included in the Membership Directory.

How did you learn about CF? _____

I wish to receive program announcements by email only (preferred method).

I do not wish to receive program announcements by email. Please send announcements by regular mail.

I wish to receive program announcements by email AND regular mail.

I want to be an active member! Contact me about working on the following committee(s):

<input type="checkbox"/> Art Auction & Dinner	<input type="checkbox"/> Development/PR	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Artists Grants	<input type="checkbox"/> Membership	<input type="checkbox"/> Travel
<input type="checkbox"/> ArtPick	<input type="checkbox"/> Programs	<input type="checkbox"/> Underwriting

Levels of Membership (all levels include member and spouse/life partner):

- | | | |
|---|--|--|
| <input type="checkbox"/> Corporate Sponsor \$1000 | <input type="checkbox"/> Galleries & Framers \$500 | <input type="checkbox"/> Sponsor \$500 |
| <input type="checkbox"/> Patron \$250 | <input type="checkbox"/> Family/Individual \$100 | <input type="checkbox"/> Young Collector \$50 (35 and under) |

Phoenix Art Museum Membership

All CF Members are required to be Phoenix Art Museum members. If you are not a current Museum member, please contact the Phoenix Art Museum Membership Department at (602) 257-2124 or www.phxart.org for more information.

Membership Payment

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Check payable to Contemporary Forum enclosed | <input type="checkbox"/> Charge my CF membership dues of \$_____ | |
| <input type="checkbox"/> American Express | <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard |

Card No. _____ Exp Date _____

Name as it appears on card _____ Security Code _____

Billing address if different from above _____

Signature _____

Mail or fax completed application and payment to:

Lynn Spencer
CF Administrator
7695 E. Adobe Drive
Scottsdale, AZ 85255

(480) 419-2859 fax

Questions

Contact Lynn Spencer, CF Administrator

Lynn.Spencer@cox.net
(480) 419-2858