

The Museum of Modern Art

Membership Enrollment

- ☐ \$85INDIVIDUAL
- ☐ \$140DUAL
- ☐ \$175FAMILY
- ☐ \$360FELLOW
- ☐ \$600SUPPORTING
- ☐ \$1,200SUSTAINING
- ☐ \$1,750PATRON
- ☐ \$3,000BENEFACTOR
- ☐ \$6,000SUSTAINING BENEFACTOR
- ☐ \$12,000MAJOR BENEFACTOR

DISCOUNTED

☐ \$50STUDENT

For full-time students only with valid ID and e-mail
(FAXED COPY OF YOUR STUDENT ID IS REQUIRED)

☐ \$50ARTIST

For working artists who have exhibited in the past 2 years
(PROOF REQUIRED)

☐ \$70GLOBAL

ADD-ON PROGRAM

☐ \$100FILM PLUS (E-MAIL REQUIRED)

MEMBER INFORMATION (PLEASE PRINT)

☐ NEW☐ RENEWALID #.....

.....
NAME (MS./MRS./MR./DR.)

.....
ADDRESSAPT.

.....
CITYSTATE

.....
ZIP/POSTAL CODECOUNTRY

.....
PHONE (REQUIRED)

.....
E-MAIL

PREFERENCES

I would prefer to receive my monthly Member Calendar via:

☐ MAIL☐ E-MAIL

I would like Automatic Renewal:

☐ YES (CREDIT CARD REQUIRED)☐ NO

IF DUAL MEMBERSHIP OR HIGHER

.....
SECOND CARDHOLDER NAME (MS./MRS./MR./DR.)

IF FAMILY MEMBERSHIP OR HIGHER

.....
CHILD’S CARD NAME (MISS/MR.)DOB (MM/YY)

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CHILD’S CARD NAME (MISS/MR.)DOB (MM/YY)

GIFT DONOR INFORMATION

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GIFT DONOR NAME (MS./MRS./MR./DR.)

.....
DONOR’S ADDRESSAPT.

.....
CITYSTATE

.....
ZIP/POSTAL CODECOUNTRY

.....
PHONE (REQUIRED)

.....
E-MAIL

METHOD OF PAYMENT

☐ Cash or Check (MAKE PAYABLE TO MoMA)

☐ AmEx☐ Visa☐ MasterCard☐ Discover☐ JCB

.....
AMOUNT \$

.....
CARD NUMBER

.....
CVV2/CVC2EXPIRATION (MM/YY)

.....
SIGNATURE

MAIL TO:

The Museum of Modern Art
Department of Membership
11 West 53 Street
New York, NY 10019

OR FAX TO:

ATTN: Department of Membership
Fax: 212 333-1168

QUESTIONS?

Call 888 999-8861 (TOLL-FREE IN THE U.S.)

Your membership supports programs and exhibitions at
The Museum of Modern Art. Thank You.