



# INTERNATIONAL MUSEUM OF ART MEMBERSHIP APPLICATION

1211 MONTANA AVENUE  
EL PASO, TEXAS 79902-5511  
915-543-6747

\_\_\_\_\_  
Your name as you wish it to appear in the membership list

\_\_\_\_\_  
Name of Spouse

Mailing Address \_\_\_\_\_

Street

City and State

Zip

Telephone home \_\_\_\_\_

Office \_\_\_\_\_

Cell \_\_\_\_\_

Please check one of the memberships below:

\_\_\_\_\_ Student Membership 15.00

\_\_\_\_\_ Individual/Family Memberships 25.00

\_\_\_\_\_ Contributing Membership 100.00

\_\_\_\_\_ Sustaining Membership 250.00

\_\_\_\_\_ Supporting Membership 500.00

\_\_\_\_\_ Corporate Membership 1,000.00

\_\_\_\_\_ Lifetime Membership 10,000.00+

\_\_\_\_\_ Charter—Part II 1,000.00

\_\_\_\_\_ Endowment information

Please make checks payable to the:

*International Association for the Visual Arts*

Number of children in household \_\_\_\_\_

Indicate how many children in each group

1-5 yrs. \_\_\_\_\_

6-11 yrs. \_\_\_\_\_

12-18 yrs. \_\_\_\_\_

I would like to volunteer in the following field:

Docent \_\_\_\_\_

Publicity \_\_\_\_\_

Membership \_\_\_\_\_

Children's Activities \_\_\_\_\_

Kermezaar \_\_\_\_\_

Newsletter \_\_\_\_\_

Exhibitions \_\_\_\_\_

Gift Shop Assistant \_\_\_\_\_

Yearbook \_\_\_\_\_

Telephone \_\_\_\_\_

Building \_\_\_\_\_

Historical Research \_\_\_\_\_

Guild (Men/Women) \_\_\_\_\_

Grant Writing \_\_\_\_\_

Mailing Preparation \_\_\_\_\_

Your own address label  
may be placed here