

MEMBERSHIP LEVELS

ARTIST/STUDENT \$25 (fully tax-deductible)

All benefits listed to the right

INDIVIDUAL\* \$40 (fully tax-deductible)

All Artist/Student Benefits, PLUS 2 admit-one passes for your guests

FAMILY\* \$60 (fully tax-deductible)

All Individual Benefits PLUS

- Unlimited free admission for immediate family members for 1 year

PATRON\*\* \$125 (\$105 is tax-deductible)

All Family Benefits, PLUS

- 2 additional admit-one passes for your guests
- Benefits in North American Reciprocal Membership Program

CONTRIBUTOR\*\* \$250 (\$185 is tax-deductible)

All Patron Benefits, PLUS

- 4 additional admit-one passes for your guests
- 1 Gift Membership for you to give away

SUPPORTER \$500 (\$415 is tax-deductible)

All Contributor Benefits, PLUS

- 6 additional admit-one passes for your guests

CURATOR'S CIRCLE \$1,000 (\$915 is tax-deductible)

All Supporter Benefits, PLUS

- Private Curatorial Tour of a special exhibition (upon request)
- Free admission for all you guests

BUSINESS SUPPORTER \$250 (\$210 is tax-deductible)

- Listing on CMCA Business Members Wall
- Listing on CMCA website
- 1 Individual Gift Membership
- 2 admit-one passes for your guests
- Invitations to selected events
- Subscription to online newsletter

ALL CMCA MEMBERS RECEIVE:

- Unlimited free admission for 1 year
- Discounts on workshops, lectures and classes
- 10% discount on Gallery Shop purchases
- Invitations to members-only events
- Subscription to online newsletter
- Invitations to art excursions

*\*Some membership benefits are optional and affect tax-deductibility.*

*If you prefer to receive a full tax deduction, please contact the Development Office at (207) 236-2875, ext. 308*



Center for Maine Contemporary Art

MEMBERSHIP ENROLLMENT

Please enroll me as a member at the level indicated below.

Artist /Student  Individual  Family  Patron  Contributor  Supporter  Curator's Circle  Business Supporter

Please make checks payable to CMCA, OR charge my:  VISA/MC  Discover  American Express

Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Seasonal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Please use this address from \_\_\_\_\_ to \_\_\_\_\_

Email Address for Online Newsletter \_\_\_\_\_

Yes! I want to volunteer at CMCA. Please contact me with more information.

WEB