

WING LUKE MUSEUM OF THE ASIAN PACIFIC AMERICAN EXPERIENCE

Membership Application

YES, I WANT TO BE PART OF THE WING (circle one):

◇ JOIN

◇ RENEW

◇ GIFT

Name(s) _____
As it will appear on membership card

Address _____

City, State, Zip _____

Phone _____

E-mail _____ Birthday(s) _____

GIFT MEMBERSHIP:

Name(s) _____

Address _____

Message to recipient (if any) _____

MEMBERSHIP LEVEL (check one):

- \$45 Individual
- \$65 Friends (2 people)
- \$75 Family (Family level and above receive benefits for 2 adults plus 3 children under 18 with member)
- \$125 Patron (**BEST VALUE!**)
- \$250 Benefactor

I would like to make an additional gift of \$_____ to advance important Museum programs.

My company will match my contribution. I will mail a matching gift form to the Museum.

This membership is in honor/memory (circle one) of: _____

PAYMENT:

Please charge my: Visa MasterCard Check (payable to "WLAM") Cash

Name on card _____

Card # _____ Exp. Date _____

Authorized Signature _____ Billing Zip Code _____

STAFF USE ONLY

Date _____ Total Charge \$ _____

Processed by _____

Benefits Claimed _____

THANK YOU FOR YOUR SUPPORT!