

# Join the Harwood Alliance!

Please check the appropriate level.

## INDIVIDUALS

- STUDENT/ARTIST/SENIOR (65+) \$25  
*All membership privileges for one person*
- INDIVIDUAL \$50  
*All membership privileges for one person*
- DUAL/FAMILY \$75  
*All membership privileges for two adults and any children under 18 years of age at the same address*

## CONTRIBUTING MEMBERSHIPS

- ALLIANCE CONTRIBUTOR \$100  
*All membership privileges plus four guest admissions*
- ALLIANCE ASSOCIATE \$250  
*All membership privileges plus six guest admissions*
- ALLIANCE SPONSOR \$500  
*All membership privileges plus eight guest admissions*

## LEADERSHIP MEMBERSHIPS

- ALLIANCE PATRON \$1,000  
*All membership privileges, one individual gift membership, and 10 guest admissions*
- ALLIANCE BENEFACTOR \$2,500  
*All membership privileges, one family gift membership, 10 guest admissions, and a personal museum tour for four people*
- ALLIANCE CIRCLE \$5,000 and above  
*All membership privileges, one family gift membership, unlimited guest admissions, and a personal museum tour for up to 12 people*

## BUSINESS PARTNERS IN THE ARTS

- BUSINESS PARTNERS  
Circle one: \$250 - \$500 - \$1,000  
*All membership privileges plus guest admissions and special promotional listings in the newsletter and on the Harwood Museum website. Information about other special benefits are available by calling 505-758-9826 ext. 208 or visiting [www.harwoodmuseum.org](http://www.harwoodmuseum.org).*

## VOLUNTEER

- I'D LIKE TO VOLUNTEER MY TIME. PLEASE CONTACT ME!

**Thank you for your generous support of the Harwood Museum of Art.**

## MEMBERSHIP INFORMATION

NAME (PLEASE PRINT) \_\_\_\_\_

ADDITIONAL CARD HOLDERS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

- Check enclosed in the amount of \$ \_\_\_\_\_
- Charge my credit card:  MC  VISA

NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## GIFT MEMBERSHIP

Please provide a gift membership in the name of:

NAME (PLEASE PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

MEMBERSHIP LEVEL \_\_\_\_\_

Notice of your gift will be sent to the recipient.

Please fax with credit card information to: **505-758-1475** or, if paying by check, make check payable to the **HARWOOD ALLIANCE** and mail to:

**THE HARWOOD ALLIANCE**  
**238 Ledux Street**  
**Taos, New Mexico 87571**

For further information, please contact the Alliance at 505-758-9826, ext. 208 or [www.harwoodmuseum.org](http://www.harwoodmuseum.org)