



Membership

Your Membership Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Receive mailings? _____ : _____

Donations

Membership : **General \$30 Family \$50 Business \$75 (includes 1 2hr. rental) Other**

Mehl Lawson
 Public Sculpture: _____ Name /business/civic organization on public YES
 Challenge Grant **\$500 To: \$2500** plaque Amt: _____

Collections/ Archive support: **Amt:** _____

Exhibition Sponsor _____ YES Exhibition: _____

Other: _____

Do you prefer to be contacted by : MAIL EMAIL PHONE _____

Tax ID: 501(c)3
330527665