

MAAA Membership Form

Welcome to MAAA, a 501(c)(3) nonprofit public benefit corporation. Please print and fill out this membership form, then mail it with your payment to: **The Museum of African American Art, PO Box 8418, Los Angeles, CA 90008.**

Membership Levels

(Please check the box next to your membership level selection. Be sure to choose only one membership level.)

- | | | | |
|--------------------------|-------------------|---------|---|
| <input type="checkbox"/> | Individual | \$40 | Email announcements to all exhibitions and special events;
10% discount on all gift shop purchases. |
| <input type="checkbox"/> | Family | \$50 | All of the above for all members of your immediate family. |
| <input type="checkbox"/> | Active | \$100 | VIP email invitations to private preview receptions;
12% discount on all gift shop purchases. |
| <input type="checkbox"/> | Sponsor | \$250 | VIP email invitations to private preview receptions;
12% discount on all gift shop purchases; and selected print. |
| <input type="checkbox"/> | Patron | \$500 | VIP email invitations to private preview receptions;
12% discount on all gift shop purchases; and selected print. |
| <input type="checkbox"/> | Trustee | \$2,000 | VIP email invitations to private preview receptions; 15% discount
on all gift shop purchases; name listed on annual Trustee Page on
the MAAA website at www.maaala.org ; special acknowledgement
at MAAA events. |

Member Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Email* _____

****MAAA has "gone green" and no longer mails printed event invitations. If you wish to receive member updates about upcoming events, your email address is required. Please print clearly. Thank you.***

Membership Level (circle one): Individual | Family | Active | Sponsor | Patron | Trustee

My check is enclosed. *(Payable to The Museum of African American Art)*

I authorize MAAA to charge my credit card below for the following amount: \$ _____

Card Type: VISA MasterCard Name On Card _____

Card Number _____ Expiration Date (mm/yyyy) _____

Signature _____ Date _____