



## MEMBERSHIP SIGN UP FORM

Become a Member or Renew your Membership today and enjoy a full year of membership benefits

Please check one of the following:

- New Membership**
- Membership Renewal**
- Gift Membership**

Friends of MOCA membership levels:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Individual</b> (\$60)   | <input type="checkbox"/> <b>Student</b> (with ID) (\$25)                |
| <input type="checkbox"/> <b>Dual</b> (\$100)        | <input type="checkbox"/> <b>Senior Individual</b> (65 and older) (\$25) |
| <input type="checkbox"/> <b>Family</b> (\$125)      | <input type="checkbox"/> <b>Senior Dual</b> (65 and older) (\$35)       |
| <input type="checkbox"/> <b>Contributor</b> (\$250) |   |
| <input type="checkbox"/> <b>Patron</b> (\$500)      |   |
| <input type="checkbox"/> <b>Sustainer</b> (\$888)   |   |

I would like to further support MOCA with an additional contribution of \$ \_\_\_\_\_

My company has a matching gift program and I will forward the form to MOCA.

### Member Information

Primary Member Name \_\_\_\_\_ *(As it should appear in acknowledgement)*

Secondary Member Name \_\_\_\_\_ *(if applicable)*

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

Country \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Payment Summary

I enclose: \$ \_\_\_\_\_ for membership

\$ \_\_\_\_\_ for contribution

\$ \_\_\_\_\_ **Total**

## Payment Options

\_\_\_\_\_ Check enclosed (payable to Museum of Chinese in America)

Please bill \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Security Code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Signature \_\_\_\_\_

**Please return this form to the following address:**

Membership Department

Museum of Chinese in America

215 Centre Street

New York, NY 10013

**Thank you for your support!**