

The
of



Museum
Western Art

CORPORATE MEMBERSHIP APPLICATION (please print)

Corporate Name _____

Responsible Party _____

Address _____

City _____ St. _____ Zip _____

Phone (Business) _____

E-mail _____

I am interested in learning about Volunteer Opportunities at MoWA

CORPORATE MEMBERSHIP

\$1,000

\$2,500

\$5,000

\$10,000

\$25,000

\$50,000

\$100,000

Total Amount Enclosed \$ _____

Check/Money Order

Please make checks payable to: The Museum of Western Art

Charge my: Visa MasterCard American Express Discover

Name as it appears on credit card:

Card No. _____ Exp. Date _____

Signature _____

Membership cards will be hand delivered. Please allow minimum of two weeks for processing.
Memberships are renewable annually.

Please mail completed form to:
Corporate Membership
The Museum of Western Art
PO Box 294300
Kerrville, Texas 78029

Or Fax to 830/257-5206