

## HVCCA Membership Application

Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

- Yes, I would like to sign up for e-mail updates

Phone/Fax: \_\_\_\_\_

### Membership Levels

- Individual \$25                       Patron \$100                       President's Circle \$3000  
 Dual \$40                               Friend \$500  
 Family \$60                               Corporate/Sponsor \$1000

I am not interested in membership but would like to support HVCCA and donate \_\_\_\_\_.

- Check Enclosed (payable to Hudson Valley Center for Contemporary Art)  
 Please Charge My  
 Visa     Mastercard     American Express     Discover

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Verification Number \_\_\_\_\_

(The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number. The American Express verification number is a small 4-digit number printed on the front of your card on the right hand side)

Cardholder's Signature \_\_\_\_\_

Please return completed form via mail or fax to:

Attn: Memberships  
Hudson Valley Center for Contemporary Art  
P.O. BOX 209 1701 Main Street Peekskill, New York 10566

Tel: 914.788.7166 Fax: 914.788.4531

