

Business Partner

Membership Form



INFORMATION

BUSINESS NAME (as you would like it published)

NAME(S) (for membership card)

ADDRESS

SUITE#

CITY

STATE/ZIP

PHONE

WORK PHONE

EMAIL

Total
Pledge over
5 years

MEMBERSHIP LEVEL

- | | | |
|-----------------------------------|-------------|---------|
| <input type="checkbox"/> Bronze | \$125/yr. | \$625 |
| <input type="checkbox"/> Silver | \$250/yr. | \$1,250 |
| <input type="checkbox"/> Gold | \$500/yr. | \$2,500 |
| <input type="checkbox"/> Platinum | \$1,000/yr. | \$5,000 |

- New Member Renewal Upgrade

Begin annual billing: _____
MONTH/YEAR

Enclosed check for \$ _____
(payable to the Sioux City Art Center)

Charge \$ _____ Mastercard Visa

CARD NUMBER

EXP DATE

SIGNATURE