

Your Name \_\_\_\_\_ Spouse/Life Partner \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Summer/Alternate Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

If you wish to have notices sent to member and spouse/life partner, please list both email addresses.

As a member, we hope you will consider serving on an **INFOCUS** committee. We invite your enthusiastic participation!

Check your area(s) of interest and the committee chairperson will contact you.

Marketing  Membership  Fundraising/Development/Sponsorship  Programs  Travel

### Choose your Membership Level

All levels except Student include member and spouse/life partner in same household. Memberships are fully tax-deductible and good for one year, from date of purchase confirmation. We hope you will consider supporting our mission at Patron or Benefactor level!

**General** ~~\$85~~ **\$76.50**  **Patron** ~~\$225~~ **\$202.50**  **Benefactor** ~~\$500~~ **\$450**  **Student** ~~\$25~~ **\$22.50**

Please note: all **INFOCUS** members must be current Phoenix Art Museum members, or covered under a PAM family membership. If your own or a gift recipient's PAM membership is not current, please contact the Membership Department at 602-257-2176, or visit [phxart.org](http://phxart.org). This requirement is waived for Students or members who permanently reside outside of Arizona (12 months/year). Must verify residency with PAM membership office to qualify.

**This membership is a gift for:** Please send a gift letter/certificate to  me  the recipient via  email  postal mail

Recipient \_\_\_\_\_ Spouse/Life Partner \_\_\_\_\_

Recipient's Email Address \_\_\_\_\_

Recipient's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Payment Information

Check payable to **INFOCUS** enclosed  Includes an additional donation of \$\_\_\_\_\_ to the **INFOCUS** General Fund

Charge my **INFOCUS** membership in the amount of \$\_\_\_\_\_ to  American Express  VISA  Mastercard

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Digits \_\_\_\_\_

Billing Address for card ( Same as  Local Address  Summer Address shown above )

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

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

#### TO JOIN / RENEW BY MAIL

Please complete this form and mail to:  
**INFOCUS at Phoenix Art Museum**  
1625 N Central Ave  
Phoenix, AZ 85004

#### TO JOIN / RENEW SECURELY ONLINE

Visit [www.infocus-phxart.org/membership.html](http://www.infocus-phxart.org/membership.html)

Questions? Call our InfoLine at  
602-307-2079 or 602-257-2176