

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 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 **Patron \$225** **Benefactor \$500** **Student \$25**

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. 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 Zuber Memorial 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

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