



Membership Application/Renewal

Western Art Associates

a Support Group of the
Phoenix Art Museum

Name: _____

Spouse/Partner: _____

Preferred Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____

Preferred E-Mail: _____

Contact me by: E-mail _____ U.S. Mail _____

Enclosed is my WAA membership check payable to: "Phoenix Art Museum". Please note "Western Art Associates" in the memo line of your check.

_____ Active Member - \$150

_____ Patron Member - \$300

Note: Membership in the Phoenix Art Museum is a required for membership in Western Art Associates.