



2023-2024 Membership Form

Renewal New Member Referred by: _____

Name: _____ Date: _____	
As you would like your name to appear on the Membership Roster	
Preferred Mailing Address:	
Preferred Email:	
Preferred Telephone:	
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Telephone	

Enclosed is my check, made payable to the Vero Beach Museum of Art, or credit card authorization for a voting membership, for:	
<input type="checkbox"/> \$325 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	
Additional gift to help defray the cost of meetings & administrative expenses: \$ _____	
TOTAL DONATION: \$ _____	
Please charge my credit card for: \$ _____	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
Card #:	Expiration:
Signature: _____	Date: _____
I will remit payment by:	
<input type="checkbox"/> December 31, 2023 <input type="checkbox"/> January 31, 2024 <input type="checkbox"/> Check Enclosed	

I would like to:
<input type="checkbox"/> participate in a Site Visit
<input type="checkbox"/> underwrite the Opening Tea, February Breakfast and/or April Closing Reception.
<input type="checkbox"/> Help with Communications Committee.
<input type="checkbox"/> help with Hospitality Committee.
<input type="checkbox"/> help with Meetings Committee.
<input type="checkbox"/> help with Membership Committee.

Kindly provide the names and contact information of women who may be interested in joining The Circle on the reverse side of this form. Thank you.

Please mail or deliver this form with your payment to:
The Circle
Vero Beach Museum of Art
3001 Riverside Park Drive
Vero Beach, FL 32963