

# Membership Application

## Yes, I want to become a Friend of the Museum & Gallery

- Individual \$50  
 Family/Dual \$150

## I would like to give the gift of membership

- Individual \$50  
 Family/Dual \$150

## New or Renewing Member

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

- Check here if you would like to receive the newsletter or other member M&G mailings by e-mail

Name to appear on second Membership Card: \_\_\_\_\_

## Gift Membership

Gift giver's name: \_\_\_\_\_

Relationship to recipient: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gift Message (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Method of Payment:

Check payable to: **BJU Museum & Gallery**

Or Visa/MasterCard Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail this completed form along with payment to:

**Membership Secretary**  
**Bob Jones University Museum & Gallery, Inc.**  
**1700 Wade Hampton Blvd.**  
**Greenville, SC 29614-0001**

*If you are interested in learning more about our membership program and its benefits, contact our Membership Secretary at (864) 770-1331, Ext. 1050.*