



**COLTS & FILLIES APPLICATION**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What museum activities interest you? (mark all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Invitation & Program Design | <input type="checkbox"/> Meet and Greet | <input type="checkbox"/> Registration         |
| <input type="checkbox"/> Pour and Serve              | <input type="checkbox"/> Food           | <input type="checkbox"/> Raffles and Auctions |
| <input type="checkbox"/> Obtaining In Kind Donations | <input type="checkbox"/> Decorations    | <input type="checkbox"/> Departure/Farewell   |
| <input type="checkbox"/> Set Up/Breakdown            | <input type="checkbox"/> Art Sales      | <input type="checkbox"/> Marketing            |
| <input type="checkbox"/> Sponsorship                 | Other _____                             |   |

**THE BENEFITS**

Through your commitment to The Museum of Western Art, and membership in this volunteer program called the Colts & Fillies, you will experience a new artistic adventure. In return for your providing creative assistance of fund raising events, and promoting Museum membership, you will enjoy exclusive events, meet new people, network with friends and colleagues, and expand your appreciation and knowledge of Western American art.

**VOLUNTEER REQUIREMENTS**

In order to become a member of the Colts & Fillies, you must first become a member of The Museum of Western Art. Please be sure to indicate your membership category preference.

Colts & Fillies  Individual \$10  Couples \$15

- |   |       |  |       |
|---|-------|--|-------|
| <input type="checkbox"/> Cowboy – Individual  | \$35  | <input type="checkbox"/> Settler – Family        | \$50  |
| <input type="checkbox"/> Wrangler – Friend    | \$100 | <input type="checkbox"/> Rangerider – Supporting | \$250 |
| <input type="checkbox"/> Wagonmaster – Patron | \$500 |  |       |

Visa, MasterCard, Discover, or American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

**Please return application to:  
 The Museum of Western Art  
 Attn: Caryn Talarico  
 PO Box 294300  
 Kerrville TX 78029**