



General Membership Application

Yes! I want to be a member of The Museum of Western Art.

Please enroll me in the category shown below:

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

Remember, we qualify for Corporate Matching Grants programs.

Mr./Mrs./Ms.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Please provide names of immediate family members:

\_\_\_\_\_  
\_\_\_\_\_

Make checks payable to: **The Museum of Western Art**

Charge to:  Visa  Mastercard  American Express  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: The Museum of Western Art

PO Box 294300

Kerrville, TX 78029-4300