

## **Application for Membership**

Help support MoCCA's ongoing mission for the promotion of greater understanding and appreciation of this wonderful art form – as well as our goal of establishing a permanent Museum of Comic and Cartoon Art in New York City – by choosing the Membership level below that is right for you.

## PLEASE FILL OUT THIS FORM IN ITS ENTIRETY. FIELDS MARKED WITH \* ARE REQUIRED.

Feel free to write questions, suggestions, additional information on the back of this form.

For MoCCA use	only
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Name *				
Mailing Address *				
City, State, Zip *				
Email		Telephone *		
Referred by MoCCA Member (na	ame/id #):			
Payment Method (check one)	<u>F 0</u>	R CREDIT CARD PAYI	MENTS:	
Check  Make check payable to:  MUSEUM OF COMIC AN	Cre	dit Card No.:		
(		CSC No.*: Expiration Date:		
Money Order  Make money order payal	ole to:	* Three-digit number located on the signature panel on the back of your card.		
MUSEUM OF COMIC AN	ND CARTOON ART Am	ount to be charged (U.S. \$):		
Credit Card (circle type)	Sig	Signature*:		
Visa MC Amex		* Signature is REQUIRED for	credit card payments.	
events, reduced table fees INDIVIDUAL-PLUS AN (1) guest with them to the I extended all of the benefits STUDENT/SENIOR AN Benefits at a special rate. government-issued photo i FAMILY OF FOUR ANI additional programming an	at the MoCCA Art Festival, as well as NUAL MEMBERSHIP (\$50). In a Museum and to MoCCA events and extended and courtesies of Membership pertain NUAL MEMBERSHIP (\$25 w/ va). To qualify, Students must provide a cudentification showing Date of Birth (e.s.) NUAL MEMBERSHIP (\$75). Two d benefits designed specifically for far MBERSHIP (\$100). Patrons receiv.	adults plus two children under the age	mming. Plus members are allowed to bring one dividual-Plus host, that guest will be I Membership premiums. Ver the age of 65 receive the Core is must provide a current, valid of 18 receive all Core Benefits plus	
f you are interested in a higher lev Chairman, Lawrence Klein.	vel of Membership (\$250 and high	er) including Corporate Sponsorship	p, please contact the MoCCA	
with your payment to: MUSE 594 BI	ERSHIP COMMITTEE UM OF COMIC AND CARTOON A ROADWAY, SUITE 401 YORK, NY 10012-3234	If paying by Credit C  MRT may Fax this applica		
THE BEL	OW SPACE IS FOR US	SE BY MOCCA VOLUNT	EERS ONLY	
Payment type noted?	Sold by (volunteer's name):	Notes:	Label DB updated	
Credit Card processed (if applicable)? IF YES, write authorization number here:			Membership kit prepared	
	Date sold:		Date mailed	