

2012-2013 THE CENTER FOR THE ARTS & SCIENCES

MEMBERSHIP FORM

Join online: www.bcfas.org

BFAC/CENTER ENDOWMENT FUND **BFAC ENDOWMENT FUND TOTAL** ▶ _____

BFAC MEMBERSHIP/CENTER OPERATING & MAINTENANCE FUND **BFAC TOTAL** ▶ _____ *

- ☐ \$10-99 Individual (\$10 min. per person) _____ memberships x \$ _____ = \$ _____
- ☐ \$100-499 Century ☐ \$5,000-9,999 Benefactor
- ☐ \$500-999 Patron ☐ \$10,000 or more Sustaining *\$50 or more for early EMF Tickets
- ☐ \$1,000-4,999 Sponsor

BRAZOSPORT ART LEAGUE **ART LEAGUE TOTAL** ▶ _____

- ☐ \$5 College Student ☐ \$40 Friend of the Arts
- ☐ \$40 Single Artist (\$35 before Sept. 1) ☐ \$375 Exhibit Sponsor
- ☐ \$45 Artist & Family (\$40 before Sept. 1) ☐ \$1,000 Life Membership

BRAZOSPORT CENTER STAGES **CENTER STAGES TOTAL** ▶ _____

- ☐ \$75 Individual ☐ \$500 Benefactor
- ☐ \$150 Patron ☐ \$2,100 Life Membership
- ☐ \$300 Sponsor ☐ \$_____ Additional Donation for Audience Development & Educational Outreach

BRAZOSPORT MUSEUM OF NATURAL SCIENCE **MUSEUM TOTAL** ▶ _____

- ☐ \$10 Individual ☐ \$100 Benefactor
- ☐ \$20 Family ☐ \$250 Sustaining
- ☐ \$50 Patron ☐ \$1,000 Life Membership

BRAZOSPORT PLANETARIUM **PLANETARIUM TOTAL** ▶ _____

- ☐ \$30 Individual ☐ \$100 Sponsor ☐ \$_____ Other Tax Deductible Contribution
- ☐ \$45 Family ☐ \$350 Show Sponsor
- ☐ \$60 Patron ☐ \$1,000 Life Membership

BRAZOSPORT SYMPHONY ORCHESTRA **SYMPHONY TOTAL** ▶ _____

- ☐ \$75 Member ☐ \$500 Benefactor ☐ \$75 Flex Tickets
- ☐ \$125 Subscriber ☐ \$1,000 Maestro ☐ \$_____ Other Tax Deductible Contribution
- ☐ \$200 Patron ☐ \$2,500 Concert Underwriter

BSO Seating Preference: First Choice: Row _____ Seat _____ Second Choice: Row _____ Seat _____

GRAND TOTAL OF ALL MEMBERSHIPS (in dollars)

\$ _____

PLEASE PRINT & RETURN THIS ENTIRE PAGE IN ENVELOPE PROVIDED

MEMBERSHIP PERIOD: SEPT 1, 2012 - AUGUST 31, 2013

Name(s): _____

As you wish to be listed on programs or in directories

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () - _____ Work/Cell Phone #: () - _____

Circle one

E-mail: _____ ☐ This is a Business Membership

☐ I would like to receive The Center and Member Organizations' communications by e-mail.

MAKE CHECKS PAYABLE TO: The Center 400 College Blvd. Clute, TX 77531

☐ Total payment enclosed ☐ 1/4 Payment enclosed; I agree to pay the remainder in 3 consecutive months

☐ Charge to MasterCard / Visa / Discover (circle one) Card #: _____

Signature: _____ Exp. Date: _____ Verification Code: _____

We rely on you to keep your addresses current with us. Call 979-265-7661 or email thecenter@bcfas.org

The Center does not share your personal information.