

SAN JOSE INSTITUTE OF CONTEMPORARY ART

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www.sjica.org



MEMBERSHIP APPLICATION FORM

Please print, complete and fax back to 408-283-8157

Or mail to 560 S. First St. San Jose, CA 95113

Yes! Please sign up as a

☐

New

☐

Returning Member of the ICA

Name _____

Address _____

City, State, Zip _____

Evening Phone _____

Email _____

Please select the membership level you wish to join:

☐

Contemporary Collectors Circle Council \$2,500

☐

Friend \$150

☐

Contemporary Collectors Circle \$1,250

☐

Partner \$75

☐

Donor \$500

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Individual \$45

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Artist/Student/Teacher/Senior \$35

Please charge my:

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Visa

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MasterCard

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Account # _____ Exp. Date: _____

Signature _____

☐

I am interested in volunteering at the ICA

Thank You! for joining the San Jose Institute of Contemporary Art