



San Jose Institute of Contemporary Art

560 South First Street
San Jose, CA 95113
ph: 408.283.8155
fax: 408.283.8157
www.sjica.org
info@sjica.org

Membership Application Form

Please print, complete and fax back to 408.283.8157

Yes! Please sign me on as a

- ☐ New
☐ Returning Member of the ICA

Name _____

Address _____

City/State/Zip _____

Evening Phone _____

Email _____

Please select from the following membership categories:

- ☐ Individual \$35
☐ Dual/Partner \$60
☐ Friend \$120
☐ Patron \$250
☐ Donor \$500
☐ Contemporary Collectors Circle \$1000

Please charge my: ☐ Visa ☐ Mastercard ☐ American Express

Account #

Exp. date:

Signature _____

- ☐ I am interested in volunteering at the ICA

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