

## Annual Membership Opportunities

<b>Associate.....</b>	<b>\$60</b>
<b>Sustainer.....</b>	<b>\$100</b>
<b>Sponsor.....</b>	<b>\$250</b>
<b>Benefactor .....</b>	<b>\$500</b>
<b>Patron .....</b>	<b>\$1,000+</b>

Paris Gibson  
**Square**  
**Museum** of Art

Count me in! I want to help  
The Square continue to bring  
the world of art to  
Great Falls and to preserve this  
historic cultural center for  
future generations!

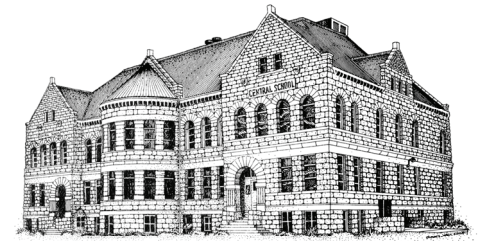
## Annual Membership Privileges

*Membership benefits are for owner/CEO  
and one additional person.*

- ◆ Regular mailings of exhibition announcements and catalogs
- ◆ Discount on all classes and workshops
- ◆ Free admission to The Square's annual *Christmas Collection* holiday sale
- ◆ Invitations to previews, receptions, and events
- ◆ Free subscription to *Art Matters* newsletter
- ◆ Reservation preference for Café Paris Dinners
- ◆ Discounted rates on all room rentals at The Square
- ◆ Name appears annually in *Art Matters* newsletter
- ◆ Tickets to Christmas Collection Preview Evening Gala (Sponsor & above)
- ◆ Special upper level member acknowledgment in *Art Matters* newsletter (Benefactor & above)
- ◆ An article (or advertisement) in The Square's newsletter focusing on the member business and its contribution to the community (Patron only)

## Corporate Membership

@  
The Square



The heart of every town is its Square.  
PARIS GIBSON SQUARE MUSEUM OF ART

1400 First Avenue North  
Great Falls, Montana 59401  
406.727.8255 ~ [info@the-square.org](mailto:info@the-square.org)

# BUSINESS MEMBERSHIP ENROLLMENT FORM



Yes! My company would like to be a business member of Paris Gibson Square Museum of Art.  
Please enroll my company for a \_\_\_\_\_ level business membership for  
\_\_\_\_\_ year(s).

DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

e-mail address: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_

e-mail address: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

Please send a gift membership at \_\_\_\_\_ level for \_\_\_\_\_ years to:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

I would like to be on your e-mail list. \_\_\_\_\_

Membership Dues\*: \$ \_\_\_\_\_

Gift Membership Dues\*: \$ \_\_\_\_\_

**Additional Contribution\*: \$ \_\_\_\_\_**

Total Enclosed: \$ \_\_\_\_\_

- Enclosed is a company check.
- Please charge my company's:
- VISA  MasterCard  AmEx

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Or call 727-8255 to enroll by phone)  
*fax: 727-8256 email: [info@the-square.org](mailto:info@the-square.org)*  
Paris Gibson Square Museum of Art  
1400 1<sup>st</sup> Avenue North  
Great Falls, MT 59401  
[www.the-square.org](http://www.the-square.org)

\*Tax-deductible to the extent allowed by law.

**Thank you for your support!**