

# 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!**