

## Annual Membership Opportunities

**Senior/Military Discount - \$10\* off**  
Adults 65 and older or military families.

**Student..... \$20**

**Individual ..... \$30**

**Dual ..... \$35**  
(two members of same household)

**Family ..... \$45**  
(one or two adults, plus dependent children 17 and under)

*(Sustainer and above includes full Family level privileges)*

**Sustainer..... \$60**

**Sponsor ..... \$100**

**Benefactor ..... \$250**

**Patron ..... \$500**

**Director's Circle ..... \$1,000+**

*\*any level except Student.*

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!

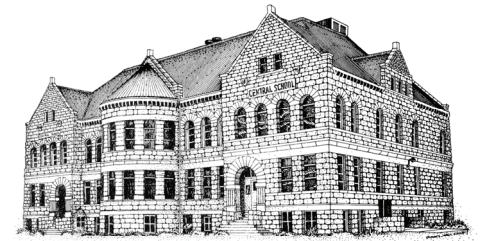
## Annual Membership Privileges

- 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

### *Upper level privileges:* *(Benefactor & above)*

- Free admission to Preschool Open Studio (*Family & above*)
- Admission for two to *Christmas Collection* Preview Evening Gala
- Acknowledgement in each issue of *Art Matters* newsletter.
- Recognition on donor wall at The Square (*Director's Circle only*)

## 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)

# MEMBERSHIP ENROLLMENT FORM



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

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

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

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

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

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

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

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

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

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

I would like to volunteer to help with. \_\_\_\_\_

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

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

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

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

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

- Enclosed is a personal check.  
 Please charge my credit card:  
 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!**