



# FAC membership application

## MEMBERSHIP LEVELS

new membership    renewal (member # \_\_\_\_\_ )

**Individual** .....\$45

Membership for one adult

**Dual** .....\$55

Membership for two adults in the same household

**Family**.....\$60

Membership for two adults and children 17 and under

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

Membership for one adult age 62 or older

**Senior/Grandparent Household**.....\$45

Membership for two adults age 62 or older and grandchildren

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

Membership for one active-duty military adult or spouse

**Military Household\***.....\$45

Membership for one active-duty military household, including two adults and children 17 and under

**Contributing** .....\$110

Household membership with additional upper-level benefits - see csfineartscenter.org

**Patron** .....\$275

Household membership with additional upper-level benefits - see csfineartscenter.org

**Benefactor**.....\$550

Household membership with additional upper-level benefits - see csfineartscenter.org

**Supporter** .....\$750

Household membership with additional upper-level benefits - see csfineartscenter.org

*\*Requires proof of ID*

- **Fax** completed form to 719.634.0570.
- **Drop off** at the FAC Box Office: 30 West Dale Street
- **Or Mail to:**  
 Colorado Springs Fine Arts Center  
 Membership Department  
 30 W Dale St  
 Colorado Springs, CO 80903

**For more information, visit [csfineartscenter.org](http://csfineartscenter.org)  
Or contact the Membership Office:  
[membership@csfineartscenter.org](mailto:membership@csfineartscenter.org) | 719.477.4363**

## MEMBER INFORMATION

Name \_\_\_\_\_

(Mr./Mrs./Miss/Ms.)

Second Name on Card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Work phone (    ) \_\_\_\_\_

Email \_\_\_\_\_

## PAYMENT INFORMATION

Check enclosed (payable to Colorado Springs Fine Arts Center)

Please charge:  MC    Visa    AmEx    Discover   Exp. Date \_\_\_\_\_

Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Check here if cardholder information is the same as above

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_