























MEMBERSHIP LEVEL

- ☐ Individual \$50
- □ Dual \$75
- □ Family \$100
- ☐ Young Associates \$140
- □ Doric Patron \$150
- ☐ Ionic Patron \$300
- ☐ Corinthian Patron \$600
- ☐ Curators' Council \$1,500
- □ Director's Council \$5,000
- □ Carlos Partnership \$10,000 and above

☐ I would like to m	ake an	addition	al tax-de	ductible
donation to support	the m	useum in	the amou	unt of

\$_____

Total enclosed \$_____

- ☐ My employer has a matching gift program.
- ☐ Please send me information on planned giving opportunities.

For information about Community Partnerships and unique opportunities for your company, please call 404-727-2115.

□ 10% discount

Emory University Friends of the Arts, faculty, staff, alumni and students; non-Emory teachers and students with a valid ID

ZIP

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- ☐ Enclosed is my check payable to Emory University.
- ☐ Charge to: ☐ AmEx ☐ MasterCard ☐ Visa

NAME AS IT APPEARS ON CREDIT CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE (REQUIRED)

For information on tax deductibility, visit carlos.emory.edu/join. For additional information on membership or other ways to support the Michael C. Carlos Museum, call 404-727-2623 or email carlosmembership@emory.edu.





MEMBER INFORMATION

NAME AS IT SHOULD APPEAR ON MEMBERSHIP CARD (MR., MRS., MS., DR.)

NAME ON 2ND MEMBERSHIP CARD (MR., MRS., MS., DR.)

ADDRESS

CITY STATE

CELL PHONE

HOME PHONE

E-MAIL