



Corporate Membership Enrollment Form

.....
Company Name *(As it should appear in print)*

.....
President or CEO Title

.....
Address

.....
City State Zipcode

.....
Membership Contact Title

.....
Email Phone Number

We wish to join the Corporate Membership Program of the Newark Museum and enclose a contribution of \$_____ for membership at the following level:

- Director's Circle \$2,500 - \$4,999
- President's Circle \$5,000 - \$9,999
- Chairman's Circle \$10,000 - \$14,999
- Leaders Circle \$15,000 - \$24,999
- Visionaries Circle \$25,000 - \$49,999
- Diamond Circle \$50,000 and above

We are interested in the possibilities of exhibition and program sponsorship.

Please make checks payable to the *Newark Museum Association* and mail to 49 Washington Street, Newark, New Jersey 07102

Federal Tax ID #22-1487275

Charge to: *Visa* *MasterCard* *American Express*

.....
Account # Exp. date

.....
Signature

.....
Address

.....
Telephone (Day) E-mail

For more information, please contact Kristin Curry, Director of Institutional Grants and Sponsorships:
Telephone: 973.596.6579 Email: kcurry@newarkmuseum.org

***Thank you for your generous support of the Newark Museum
and for playing an integral role in education, the arts and the community.***