

## **Membership Application**

Please mail with your check made payable to: Brush Square Museums Foundation, Inc. (BSM Foundation) c/o Clay Leben, Treasurer, 1205 Pigeon Forge Road, Pflugerville, Texas 78660. 512-251-0200

	loday's Date:		
Member Name:			
My gift is dedicated to the memory of:			
Address:			
City:	State:	Zip:	
Home Phone:	Mobile:		
Email:Providing your email will all	ow us to share news of Fo	undation activities. Thank	you.
<b>Annual Membership Dues:</b>			
CENTURY: \$100 (Ask about our	r premiums)		
FAMILY: \$50 (Ask about our pre	emiums)		
INDIVIDUAL: \$25			
STUDENT: \$5			
DONATION: \$	<u>-</u> -		
Matching employer donations. I	Employer:		
Donations, less the value of member and the Susanna Dickinson Museum Department. Email: fohdmuseum@	are operated by the City of	2	
	Office Use		
Date Payment Received:	Check #·	$\mathbf{R}_{\mathbf{V}}$	7