

THE MUSES OF THE Museum of Northern Arizona

MUSES MEMBERSHIP APPLICATION

Name _____ Significant Other _____

Address _____ City _____ State _____

Zip Code _____ E-Mail _____

Telephone
(Day) _____ (Evening) _____

If not a year round resident of Sedona, list your 2nd address and dates there:

2nd Address _____ Dates for 2nd address _____

Special interests, talents or hobbies that you might share: _____

MNA Membership:

MNA Membership Number _____ MNA Membership Expiration Date _____

Because we are a support group of the Museum of Northern Arizona, each member of the Muses must be a current member of MNA in good standing. Each member is also expected to help sustain the Muses' winter lecture series. For information about joining the Museum of Northern Arizona or for a copy of the Museum's Membership Application Form, visit www.musnaz.org/membership or call MNA's Membership Office at 928-774-5213, ext. 219.

MUSES MEMBERSHIP:

⊖ Individual \$40/year ⊖ Household \$75/year

My/our check in the amount of \$ _____ is enclosed.

Mail to: The Muses of the Museum of Northern Arizona, P.O. Box 1976, Sedona, AZ 86339