



Membership Application

Join Renew Gift

MEMBERSHIP LEVEL

- | | 1 year | 2 years |
|-------------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> \$35 | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> Dual | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$130 |
| <input type="checkbox"/> Family | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$170 |
| <input type="checkbox"/> Preservationist* | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$450 |
| <input type="checkbox"/> Conservator* | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$900 |

MEMBER INFORMATION

If this is a gift, enter recipient information here:

Name D.O.B.

Second Cardholder Name for dual and above D.O.B.

Name of child age 17 and younger (family level and above) D.O.B.

Name of child age 17 and younger (family level and above) D.O.B.

Name of child age 17 and younger (family level and above) D.O.B.

Name of child age 17 and younger (family level and above) D.O.B.

CONTACT INFORMATION

Address Apt No.

City State Zip

Primary Phone

Primary Email

I DO NOT wish to receive E-mail communication from
Vizcaya Museum and Gardens

*Preservationist and Conservator may opt-in for family level benefits
to include up to four children age 17 years and under.

GIFT MEMBERSHIP

This is a gift from:

Address Apt No.

City State Zip

Primary Phone

Primary Email

Gift Message

Send renewal to Recipient Giver

PAYMENT

Payment information is the same as member information

Name

Address Apt No.

City State Zip

Enclosed is my check, payable to
Vizcaya Museum and Gardens Trust, Inc.

Please charge \$_____ to my credit card

Visa Mastercard American Express Discover

Card Number Exp. Date

Signature

Submit this form to Vizcaya Member Services through contact information below