



# George Washington Carver Museum and Cultural Center

Operated by the Phoenix Monarchs Alumni Association

P O Box 20491 Phoenix AZ 85036

(o) 602-254-7516 (f) 602-258-7050

[info@carvermuseum.com](mailto:info@carvermuseum.com)

## Membership Application

PHOENIX MONARCHS ALUMNI ASSOCIATION

Name \_\_\_\_\_  
 First M. Initial Last (Prof. Initials (MD, Ed.D., Ph.D., Rev))

(Alumni Only) Maiden Name \_\_\_\_\_

If alumni Year/Year attended P.U.C.H. or Carver 19 \_\_\_\_\_ to 19 \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name/Address (If Corporate Membership) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Business Phone (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

### Membership Categories

ALUMNI MEMBERSHIP PROGRAM	CARVER MUSEUM MEMBERSHIP PROGRAM
This category is for alumni who attended P.U.C.H. or Carver, and friends or family of the alumni.	This category is for supporter who believe in the vision of The Museum and Cultural Center.
<input type="checkbox"/> New Applicant Or <input type="checkbox"/> Renewal Applicant	<input type="checkbox"/> New Applicant Or <input type="checkbox"/> Renewal Applicant
<input type="checkbox"/> \$20.00 Alumni (per person)	<input type="checkbox"/> \$30.00 General (per person) Supports General Operating
<input type="checkbox"/> \$20.00 Friend of Alumni Assoc. (per person)	<input type="checkbox"/> \$75.00 Family (Supports General operating)
<input type="checkbox"/> \$200.00 Lifetime Alumni (per person)	<input type="checkbox"/> \$150.00 Contributor (Supports Youth Programs)
<input type="checkbox"/> \$200.00 Lifetime Friends Alumni Assoc (per person)	<input type="checkbox"/> \$300.00 Visionary (Supports Guest Artist Programs)
<input type="checkbox"/> \$200.00 Alumni or <input type="checkbox"/> \$200.00 Friends Alumni Assoc * New * Lifetime Memberships can be paid in 4 monthly \$50 installments. Check the appropriate box above and included your first payment of \$50 with this application. Once the application is received you will be sent a notice for the next months payment.	<input type="checkbox"/> \$500.00 Sustaining (Supports Gallery Upgrades)
	<input type="checkbox"/> \$1000.00 Corporate (Supports Internships)
Alumni Membership (per person) _____ x \$ _____ Total Amount Enclosed \$ _____	Carver Museum Membership _____ x \$ _____ Total Amount Enclosed \$ _____

Please make check or money order made payable and mail to:

George Washington Carver Museum and Cultural Center, P.O. Box 20491, Phoenix, AZ 85036-0491

*As a condition of membership, I agree to and support the mission of the Museum and Cultural Center, which is to promote appreciation and respect of people of African American descent worldwide: with an emphasis on African/African American culture in Arizona, the legacy of George Washington Carver and the history of Phoenix's African American Community.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_