

STUDENT NAME _____
 DATE OF BIRTH _____ CURRENT GRADE _____

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PARENT/GUARDIAN NAME(S) _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE (HOME) _____ CELL/WORK _____

EMAIL _____

Payment

Full payment must be received at time of enrollment.

- Scholarship application is attached/on file.
- Check or money order enclosed, payable to SBMA.
- Please charge my:
 - Mastercard
 - Visa
 - American Express

ACCOUNT NUMBER _____ EXP. DATE _____

NAME AS IT APPEARS ON CARD (PLEASE PRINT) _____

SIGNATURE _____

REFERRED BY _____

Please mail, phone or fax your enrollment to:

Santa Barbara Museum of Art
 1130 State Street, Santa Barbara, CA 93101
 Phone: 962.1661 Fax: 962.5052
 Email: rtec@sbma.net

Thank you!



Membership

- Current Member of SBMA.

MEMBERSHIP NO. _____

EXPIRATION _____

- New or rejoining Member.
Please list membership as follows:

ADULT MEMBER NAME(S) _____

- General Member \$60
- Senior \$45
- Student Patron \$25
- Collector Patron \$125
- Collector Patron \$500
- Collector Patron \$750
- Director's Patron \$1500
- Benefactors Circle \$5,000
- Benefactors Circle \$3,000

Program Enrollment

- Spring ArtVenture Camp
Ages 6 - 12

- Master Artists:
Drawing and Painting \$ _____
 March 29 - April 2, 2010
 9am - 3pm
 \$215 SBMA-Members
 \$250 Non-Members

Payment Total

- ArtVenture Camps \$ _____
- Membership \$ _____
- Total Enrollment** \$ _____

FOR OFFICE USE ONLY:

Received: _____
 Called: _____
 Faxed: _____
 Entered: _____
 Processed: _____
 Mailed: _____

Image at left:
 Communal Mural (detail),
 Summer ArtVenture Camp, 2009

Front cover:
 George Washington,
 Screen Print,
 Camper, age 9