

**Membership Level** (*Circle one*)

Student/Senior/Artist\*    Individual    Individual Plus    Family    Friends & Family    Explorer    Insider

**Contact Information**

Primary Member Name (*If this is a gift fill out portion below*)

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Secondary Member Name (*Individual Plus level and above – Optional*)

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Primary Member Birthday

Secondary Member Birthday

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**Primary Member Address**

Street

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City

State

Zip

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Phone

Email

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**Payment Information**

*Please make check payable to Storm King Art Center*

Annual Membership Fee \$

Additional Tax-Deductible Contribution \$

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**Gift Membership** (*If Applicable*)

Gift Recipient Name(s)

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Recipient Birthday(s)

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**Gift Recipient Address**

Street

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City

State

Zip

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Phone

Email

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**Please mail completed form and payment to:**

Storm King Art Center  
Membership Department  
1 Museum Road  
New Windsor, NY 12553

*\*Students, please include a copy of your full-time student ID. Artists, please include artist CV.*

**Questions?** [membership@Stormkingartcenter.org](mailto:membership@Stormkingartcenter.org) or 845.534.3115 x7105