



THE INSTITUTE OF
CLASSICAL ARCHITECTURE & CLASSICAL AMERICA

Membership Application

My Membership is: New Renewal Gift

Choose your level of Membership:

Individual Membership Program

- Individual \$60
_____ Full-Time Student \$30 *valid ID required*
- Dual \$100
- Contributor \$150
- Sustainer \$250
- Donor \$500
- Patron \$1,000
- Benefactor Circle \$2,500
- Latrobe Society \$5,000

Ms. Mr. Mrs. Miss. Dr.

NAME *kindly print as it should appear in membership materials*

Ms. Mr. Mrs. Miss. Dr.

SPOUSE/PARTNER NAME *kindly print as it should appear in membership materials*

ADDRESS APARTMENT OR SUITE #

CITY STATE ZIP

E-MAIL ADDRESS YES, please send me E-Announcements

HOME PHONE BUSINESS PHONE

Payment

Membership Dues \$ _____

- CHECK made payable to ICA&CA enclosed
- CHARGE VISA MasterCard American Express

CARD NUMBER EXPIRATION DATE

NAME AS IT APPEARS ON YOUR CARD *kindly print*

SIGNATURE REQUIRED FOR CREDIT CARD USE

If Membership is a gift, please complete below:

RECIPIENT NAME

ADDRESS APARTMENT OR SUITE #

CITY STATE ZIP

RECIPIENT E-MAIL ADDRESS

RECIPIENT PHONE

MESSAGE TO RECIPIENT

Please return completed application to: Institute of
Classical Architecture & Classical America, Membership,
20 W. 44th St, New York, NY 10036. Fax to
(212) 730-9649. MWS PDF