

UICA MEMBERSHIP FORM

CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Please check one:

NEW Membership

RENEWAL of Previous Membership

SELECT MEMBERSHIP LEVEL: (**verification needed*)

Singular - \$40

Student (\$25)*

Senior (\$25)*

Artist (\$25)*

Educator (\$25)*

Reciprocal - \$150

Contemporary - \$250

Inventive - \$500

Dual - \$60

Senior (\$50)*

Innovative - \$1000

Visionary - \$2500

Family - \$75

Ground Breaking - \$5000

Additional Member Names

(Family membership and above.)

1. _____

2. _____

3. _____

P 616.454.7000

F 616.459.9395

membership@uica.org

2 Fulton West

Grand Rapids



Fill out this form and mail (with check) payable to
Urban Institute for Contemporary Arts.