

INFORMATION

Name (PLEASE PRINT CLEARLY)

Address

City | State | ZIP

Home phone | Business phone

E-mail

Emergency contact name and phone

VMFA membership number (if applicable)

BECOME A VMFA MEMBER!

Membership Information

Phone 804.340.1520 or e-mail membership@VMFA.museum
Also visit www.VMFA.museum.

ADULT STUDIO SCHOOL REGISTRATION

1. Studio class number | Title | Fee

2. Studio class number | Title | Fee

3. Studio class number | Title | Fee

Adult Studio Total \$ _____

YOUTH PROGRAMS REGISTRATION

1. Student name | Birth date

Class number or date | Title | Fee

2. Student name | Birth date

Class number or date | Title | Fee

3. Student name | Birth date

Class number or date | Title | Fee

Youth Programs Total \$ _____

Adult Studio Total \$ _____

Youth Programs Total \$ _____

New/Renewal Membership \$ _____

Total Amount \$ _____

Payment Method

- My check for \$ _____ payable to VMFA is enclosed.
- Charge \$ _____ to my
- Visa MasterCard American Express

Account number

Expiration date

Code on back (3 digits)

Cardholder's signature (required)

MAIL REGISTRATION AND PAYMENT TO: VIRGINIA MUSEUM OF FINE ARTS

Attn: Studio School
200 N. Boulevard
Richmond, Virginia 23220-4007