



Membership Application

NAME _____

IF CORPORATE MEMBER, NAME OF COMPANY (AS YOU WISH IT TO APPEAR IN PRINT) _____

BUSINESS ADDRESS _____

CITY STATE ZIP CODE _____

HOME ADDRESS _____

CITY STATE ZIP CODE _____

HOME PHONE _____

WORK PHONE FAX _____

EMAIL _____

WEBSITE _____

OCCUPATION _____

PLEASE CHECK PREFERRED MAILING ADDRESS:

- Business Address Home Address

MEMBERSHIP CATEGORY, PLEASE CHECK ONE:

CORPORATE

- Gala Underwriter \$10,000
- Gala Benefactor \$5,000
- Corporate Sponsor \$1,500
- Corporate Member \$1,000
- Contributing Firm \$500

INDIVIDUAL

- Sustaining \$500
- Patron \$250
- Sponsor \$150
- Household \$75
- RDA Partner \$45
- Individual \$45
- Student \$15
(identification required)

PLEASE CHECK ONE:

- New Member Renewing Member

PLEASE SEE REVERSE SIDE

Enclosed is my annual membership contribution of \$ _____

Enclosed is my donation of (no benefits received) \$ _____

Total amount \$ _____

FOR CORPORATE MEMBERS ONLY:

Please bill me quarterly

METHOD OF PAYMENT:

- Check Visa MasterCard

ACCOUNT NUMBER _____

NAME ON CARD _____ EXPIRATION DATE _____

SIGNATURE (REQUIRED FOR CREDIT CARDS) _____

- I have enclosed my company's matching gift form.
 Many companies match employee memberships or contributions to nonprofit organizations. Check with your personnel office – your support may be doubled or tripled!

PLEASE CHECK VOLUNTEER INTERESTS:

- Cite* Programs
- Fundraising RDA Partners
- Gala Auction Tour Docent
- Marketing Website
- Membership

SPECIAL INTERESTS AND/OR SKILLS:

POSSIBLE NEW MEMBER:

NAME _____

ADDRESS _____

CITY STATE ZIP CODE _____

Please make checks payable to the **Rice Design Alliance** and mail to:

Rice University
Rice Design Alliance – MS 51
 PO Box 1892
 Houston Texas 77251 . 1892

713 . 348 . 4876
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 www.rda.rice.edu