

Registration Form

Please mail this form to **ahha** along with your payment. Memberships are processed within 1-2 weeks. Cards will be held at reception for your next visit!

Named Adult(s): _____

Street Address: _____

City, State ZIP: _____

Phone: _____ Email: _____

I'll pay with: Check Card Cash Today's Date: _____

Card Information: Visa MC Amex Discover Other

Card Number: _____ Security Code: _____ Exp. Date: _____

Billing Zip Code: _____ Signature: _____

MEMBERSHIP LEVELS

	INDIVIDUAL \$50	DUAL / FAMILY \$75	CONTRIBUTOR \$150	DESIGNER \$275	PATRON \$500	ADVOCATE \$1,000
Number of Adults on Membership	1	2	2	2	2	2
Number of Kids on Membership	0	4	4	4	4	4
Unlimited admission to ahha for named member(s)	•	•	•	•	•	•
Subscription to monthly E-Newsletter for important programs and advocacy updates	•	•	•	•	•	•
Access to the EXPERIENCE during First Friday Art Crawls	•	•	•	•	•	•
10% discount on ahha classes*	•	•	•	•	•	•
10% discount in gift shop	•	•	•	•	•	•
Free Open Studios pass to try our studios and creative labs	1	1	1	--- unlimited access ---		
Single-use guest passes to ahha			4	4	4	4
Number of guests admitted to ahha at any time with member present					4	6
Priority access to classes, workshops, and camps					•	•
Invitation to CREATE gala						•

*exclusions apply