

MEMBERSHIP INFORMATION



GROUND S F O R S C U L P T U R E | 80 Sculptors Way, Hamilton, New Jersey 08619

Find new ways to connect with Grounds For Sculpture and experience all that we have to offer – as a Member.

We don't want you to miss a minute of all the incredible artistic experiences that GFS has to offer. Your GFS Membership ensures that you will be the first to learn about new and exciting exhibition previews, family programs, and special events. Your Membership also provides critical support for educational programs and exhibitions that enrich the lives of so many in New Jersey, across the country, and around the world.

Grounds For Sculpture is a tax-exempt charitable organization. You may deduct that portion of your contribution to GFS which exceeds the fair market value of any goods or services you receive. Dues are non-refundable.

| | \$85 INDIVIDUAL | \$135 INDIVIDUAL PLUS | \$160 FAMILY | \$200 FAMILY PLUS | \$60 ADULT ADD-ON | \$40 YOUTH ADD-ON | \$350 CONTRIBUTOR | \$500 SUSTAINER | \$1,200 BENEFACTOR |
|---|-----------------|-----------------------|--------------|-------------------|-------------------|-------------------|-------------------|-----------------|--------------------|
| Tax deduction | \$45 | \$95 | \$80 | \$120 | 100% | 100% | \$230 | \$340 | \$1040 |
| Unlimited year-round general admission to the park and indoor galleries | 1 adult | 2 adults | 2 adults* | 2 adults | 1 adult | 1 youth | 2 adults | 4 adults | 4 adults |
| Invitation to members-only exhibition previews and special events | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 10% discount at Museum Shop, The Peacock Café, the Van Gogh Café, and Rat's Restaurant for parties of up to 8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Discounts on most ticketed events, classes, workshops, and lectures | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Access to exclusive members-only trips | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Access to the Member Lounge during open hours | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Access to Member Mornings (Select Mornings) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Guest passes (one time use) | 2 | 2 | 4 | 4 | | | 6 | 8 | 8 |
| Invitation to GFS Family Breakfast | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Private docent-led tour of GFS with free admission for up to 4 | | | | ✓ | | | ✓ | | |
| Private curator-led tour of GFS with free admission for up to 4 (weekdays only) | | | | | | | ✓ | ✓ | |
| Invitations to receptions and VIP events | | | | | | | 4 adults | 4 adults | 4 adults |

* Includes 4 children or grandchildren seventeen and under ■ Includes 6 children or grandchildren seventeen and under

◆ Includes 8 children or grandchildren seventeen and under

All private tours are scheduled based on staff availability and must be taken during the year of active membership. Call to schedule.

MEMBERSHIP FORM



I would like to:

- Become a member of Grounds For Sculpture
- Renew my membership with Grounds For Sculpture
- Purchase a gift membership for someone else

At the following level:

- Individual \$85 Individual Plus \$135
- Family \$160 Family Plus \$200
- Contributor \$350 Sustainer \$500
- Benefactor \$1,200
- Youth Add-on \$40 each Adult Add-on \$60 each

I would like to give a gift beyond
Membership of \$_____.

Member Information

Mr./Mrs./Miss/Ms./Dr. Other: _____

First Name: _____

Last Name: _____

Middle Initial: _____

Address1: _____

Address2: _____

City: _____

State: _____

Zip: _____

Phone #: _____

E-mail: _____

Grounds For Sculpture uses a digital membership card app as part of our focus on environmental sustainability. A valid phone # and email are required to access your membership card.

Adult name(s) to appear on your membership card:

1. (Primary member) _____

2. _____

Relationship:

- Spouse Partner Other _____

** By enrolling in auto-renewal you are authorizing us to automatically charge your card for your membership renewals without any additional action by you.*

Payment Information

Same as Member Information

First Name: _____

Last Name: _____

Middle Initial: _____

Address1: _____

Address2: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

I would like to pay for this using:

Check # _____ Cash

— or —

American Express Discover

Master Card Visa

Credit Card #

□□□□□□□□□□□□□□□□

Expiration □□/□□ CID security # □□□□

Name as it appears on the credit card:

Signature:

Renew this membership automatically when it expires (credit card required)*

FOR STAFF USE ONLY:

Staff: _____

Date: _____

Notes: _____
