

SACAMA, Inc. Membership Form

SACAMA/Shemer Art Center and Museum Association

Names-Please write legibly-all fields required	Date of Birth	M/F
Main Contact:		

Address (Write above line) **↑** City Zip

Contact Phone (Write above line) **↑** E-mail (Write above line) **↑**

Membership: \$25 Family New Renewal



MC/Visa/Discover Card # (Write above line) **↑** Exp. Date (Write above line) **↑**

Please make checks payable to: SACAMA 5005 E. Camelback Rd., Phoenix, AZ 85018. 602-262-4727, TDD 602-262-6713

Staff Use Only: Date: _____ Staff Initials: _____ Entered in Active-Expires: _____

Cash Check # _____ Credit Card Type: _____ Receipt #: _____