

DMA MEMBERSHIP AUTOMATIC WITHDRAWAL FORM

**DALLAS
MUSEUM
OF ART**

Please choose your level:

DMA MEMBER

- ☐ Supporter \$120 (\$10/month)
- ☐ Ambassador \$275 (\$22.91/month)
- ☐ Advocate \$500 (\$41.66/month)
- ☐ Individual Junior Associate \$250 (\$21.80/month)
- ☐ Dual Junior Associate \$500 (\$41.66/month)
- ☐ Family Forum \$1,000 (\$83.33/month)

DMA CIRCLE

- ☐ Contributor \$1,000 (\$83.33/month)
- ☐ Associate \$2,500 (\$208.33/month)
- ☐ Collector \$5,000 (\$416.67/month)
- ☐ Fellow \$10,000 (\$833.33/month)
- ☐ Leader \$15,000 (\$1,250/month)
- ☐ Benefactor \$25,000 (\$2,083.33/month)

À LA CARTE ADDITIONS

- ☐ DMA League \$50
- ☐ DMA League Art Patron \$100
- ☐ DMA League Impressionism \$500
- ☐ Senior Discount
(seniors age 65+ receive \$20 off any level)

Please Choose Payment Date

____ 3rd day of the month or ____ 18th day of the month

With the selection of a la carte additions and/or senior discount, monthly payments are subject to change from amount listed.

ACH Authorization Agreement for Direct Debits

I (we) hereby authorize the Dallas Museum of Art, hereinafter called DMA, to initiate debit entries and, if necessary, debit en-tries and adjustment for entries in error to my (our): _Checking Account or _Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) agree that authority will remain in effect until I (or either of us) have canceled it in writing and that the origination of ACH transactions to my (our) account must comply with the provision of the US law.

NAME

MEMBER ID (leave blank if unknown)

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

NAME ON SECOND MEMBERSHIP CARD

SECOND CARDHOLDER EMAIL

FINANCIAL INSTITUTION

BRANCH

ROUTING NUMBER

ACCOUNT NUMBER

The authorization is to remain in full force and effect until DMA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DMA and Financial Institution a reasonable opportunity to act.

Signature: _____ Date: _____

Please return this completed form to start your automatic withdrawals.

Email to members@dma.org

Mail to: DMA Members

Fax to 214-922-1354

Dallas Museum of Art

1717 N Harwood, Dallas TX 75201