# DMA MEMBERSHIP
## AUTOMATIC WITHDRAWAL FORM

DALLAS MUSEUM OF ART

Please choose your level:

### DMA MEMBER

- ☐ **Supporter $150** *($12.50/month)*
- ☐ **Ambassador $300** *($25/month)*
- ☐ **Advocate $550** *($45.83/month)*
- ☐ **Contributor $1,000** *($83.33/month)*

### DMA CIRCLE

- ☐ **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)*

### AFFINITY GROUPS

- ☐ **Individual Junior Associate $300** *($20/month)*
- ☐ **Dual Junior Associate $600** *($50/month)*
- ☐ **Family Forum $1,000** *($83.33/month)*

### A LA CARTE ADDITIONS

- ☐ **DMA League $50**
- ☐ **DMA League Art Patron $100**
- ☐ **DMA League Impressionism $500** *($83.33/month)*
- ☐ **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 entries 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
Fax to 214-922-1354

Mail to: DMA Members
Dallas Museum of Art
1717 N Harwood, Dallas TX 75201