



PENNSYLVANIA ACADEMY
OF THE FINE ARTS

University Membership

Organization Name _____

Address _____

City _____ State _____ Zipcode _____

Contact Person:

Please note: This is the person to whom membership cards, renewal notices, and other pertinent mailings will be sent.

Name _____

Title _____

Phone _____ Email _____

Membership Level:

☐ University Membership Basic \$250 ☐ University Membership Deluxe \$500

Form of Payment:

☐ Check enclosed for \$_____ made payable to PAFA

☐ Please charge \$_____ to the credit card selected below

☐ Visa

☐ MasterCard

☐ American Express

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Name on Credit Card _____

Card # _____ Exp. Date _____

Signature _____ Date: _____

Please return form and payment to: PAFA Membership Office, 128 N. Broad St, Philadelphia, PA 19102
To renew your membership by phone, please call the Membership Office at 215-972-2077
To renew your membership online, please visit community.pafa.org/universitymembership