



PATRONS OF THE ARTS IN THE VATICAN MUSEUMS

I/we wish to become a member of the Patrons of the Arts in the Vatican Museums.

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Telephone: _____ Fax: _____ Cell Phone: _____

I wish to join the following Chapter: _____

One Year Patron Membership:

- \$500 for a single person
- \$1000 for a couple and their children under 18
- \$250 for a Junior Membership (35 and under)

This membership entitles you to:

- welcome pack from National Patron's office
- semi annual newsletter from Vatican Patrons office
- regular e-newsletters from Vatican Patrons office
- personal guided tours of the Vatican Museums (Sistine chapel, Raphael Rooms, Restoration Labs and more)
- member events organized by your chapter
- calligraphied membership scroll
- Patrons membership pin

Enclosed is my membership check for \$ _____

Please make your check payable to the Patrons of the Arts in the Vatican Museums.

Return check with this form to:

Lorna Richardson, Administrator
North American Office
Patrons of the Arts in the Vatican Museums
43430 East Florida Avenue
Suite F, PMB 322
Hemet, California 92544

Signature
