

Norton Simon Museum Teacher Level Membership Application

Available only to K–12 teachers and teachers at accredited undergraduate and graduate level schools.

Please complete all lines of information:

New Renewal

Mr. Mrs. Ms. Dr. Other _____

Full Name

Address

City, State, Zip

Phone

Email

Please review to ensure all information is correct. An incomplete or inaccurate application may delay the processing of your Teacher Level membership.

Payment Information:

Teacher Level Membership dues: \$ 60.00

Additional contribution: \$ _____

Total: \$ _____

Check payable to Norton Simon Museum or charge:

Visa MasterCard Amex Discover

Account Number

Signature

Exp. date

Please enclose a scanned copy of one of the following forms of proof of eligibility:

Issued educators license Pay stub Teacher identification badge