

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Month / Day / Year

Email\* \_\_\_\_\_ Today's Date \_\_\_\_\_ Month / Day / Year

Address Street Address / Apt. # / City / State / Zip \_\_\_\_\_

Phone Area Code and Number \_\_\_\_\_ Alternate Phone or Email Optional \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Area Code and Number \_\_\_\_\_ Relationship \_\_\_\_\_

*\*PLEASE NOTE: Email is used primarily by instructors for contacting students for course-related information. Email is also used by the school for official Glassell communications with students, such as e-newsletters, and communications from the School staff, including the faculty chair/dean, registrar, or other office personnel.*

Have you attended the Glassell Studio School at any time in the past?  No  Yes, last enrolled: \_\_\_\_\_ (Year)

LETTER	COURSE I.D.	DAY	TIME	INSTRUCTOR	NOTES	TUITION	FEES (\$)

An MFAH membership at the Patron level or higher qualifies you for a **5% discount** on Studio School tuition (class fees not included).

- I am a Patron+ MFAH member. My member name / ID # is \_\_\_\_\_
- I would like to join the MFAH at the following level and have included membership dues below:
- Patron \$200       Supporting \$350       Sponsor \$800       Benefactor \$1,500
- I am a docent of the MFAH. (Please attach copy of Docent I.D. with enrollment form.)

**SUPPORT GLASSELL!** Additional donation to the Glassell School of Art.

- \$1,000       \$500       \$10       Other \$ \_\_\_\_\_

#### PAYMENT INFORMATION

TOTAL DUE \$ \_\_\_\_\_

- CASH     CHECK (payable to MFAH)     CREDIT

Card Number \_\_\_\_\_ CVC \_\_\_\_\_ Expiration Date (Month / Year) \_\_\_\_\_

*I have read and understand all Studio School registration and enrollment policies and guidelines, as listed in the course catalog and available at the school website. I agree that I am being charged for the amount indicated on this form, and will pay that amount in the payment method indicated above.*

Student Signature REQUIRED. Registration will not be processed without signature. \_\_\_\_\_ Date (Month / Day / Year) \_\_\_\_\_

#### SUBMIT COMPLETED FORM AND PAYMENT TO:

**Email:** registration@mfa.org

**Mailing:** Glassell School of Art  
Attn: Registrar  
The Museum of Fine Arts, Houston  
P. O. Box 6826  
Houston, TX 77265

**Hand-Delivery:** Glassell School of Art  
5101 Montrose Blvd.  
Houston, TX 77006  
Drop Box on 3rd Floor