

## Membership Form

*I would like to join!*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Summer mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

Winter mailing address (if different):  
\_\_\_\_\_  
\_\_\_\_\_

Membership:  
\_\_\_\$65 Individual   \_\_\_\$100 Family   \_\_\_\$125 Contributor   \_\_\_\$250 Patron   \_\_\_\$500 Benefactor

Payment:  
Enclosed is my check for \$\_\_\_\_\_ made payable to the Falmouth Art Center  
Please charge \$\_\_\_\_\_ VISA, MC, AMEX  
# \_\_\_\_\_  
Expiration Date \_\_\_\_\_

*Thank you!*

Falmouth Art Center  
PO Box 660  
Falmouth, Ma 02541