



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 _____

Signature _____

*Membership and donations are tax deductible to the extent provided by the law

Thank you!



Please print out and mail to:

Falmouth Art Center

PO Box 660

Falmouth, Ma 02541