

Fitchburg Art Museum Membership Application Form

Name _____

Address _____

E-Mail _____

Phone (Day) _____

Phone (Night) _____

Please check the Membership Level you would like to join at:

- Individual \$35
- Family \$50
- Supporting \$60
- Library \$75
- Realtor \$100
- Contributor \$100
- Donor \$250
- Sponsor \$500
- Norcross Society \$1000+

Discount code

Total Enclosed: \$

Check

Visa or Mastercard

Card # _____ Exp. Date _____

Signature _____

Checks should be made payable to:

Fitchburg Art Museum
185 Elm Street, Fitchburg, MA 01420