



# 2007 - 2008 MEMBERSHIP FORM

Your Membership Card will be mailed.

Date: \_\_\_\_\_  New Member  Renewal

Enclosed is my \$25.00 Membership Fee

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

List me as an Artist Member  Yes  No



I have school age children interested in art classes.

Yes  No

Add me to the Volunteer List  Yes  No

I will accept emails.

We respect your privacy and will not share your email address.

*Please make check payable to Milton Art Museum & mail to: Milton Art Museum, 900 Randolph St., Canton, MA 02021-1367*