



MEMBERSHIP FORM

Date: _____ New Member Renewal

Enclosed is my \$25.00 Membership Fee

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

I will accept emails.

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

Your Membership Card will be mailed.



I have school age children interested in art classes.

Yes No

Add me to the Volunteer List Yes No

List me as an Artist Member Yes No

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