

Lowell Art Association, Inc. Whistler House Museum of Art Membership Application

Yes! I want to support excellence in exhibitions and programming at the Whistler House Museum of Art!

\$25 Student	_\$30 Senior (60+)	\$45 Individual	\$40 Artist
\$60 Family	_\$100 Donor	\$250 Sponsor	\$500 Patron
\$ Other Please mal	ke checks payable	to the Whistler House	Museum of Art
You can now charge your memb Check one: Master Card			
Name as it appears on the card:			
Card Number:	Exp	iration Date:	
Security Code: Am	ount to be charged:	\$	
Signature:			
Full Name (Please Print):			
Full Address:			
In order to better serve our members and to update our database, we would appreciate it if you would answer the following questions. This is not mandatory, but it would enable us to update our records.			
How would you prefer to be addressed in the salutation of any correspondence?			
Please circle one: Mr. Mrs. M	s. Mr. & Mrs. Fir	st Name:	
E-mail address:			_
Would you like to receive notices about exhibitions and programs by email? Yes or No			
Telephone Number: Home: Work:			
Cell:	_ Website (Artists)):	