

MEMBERSHIP FORM

Date: _____ New Member Renewal

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- Enclosed is my \$25.00 Membership Fee Ck. # _____
- Add me to the mailing list
- I will accept email. We respect your privacy
and will not share your email address.
- Enclosed is my tax-deductible donation for \$ _____

Treasures to Share



Milton Art Museum

A collection in residence at Massasoit Community College

781-821-2222 ext. 2124

www.miltonartmuseum.org

Please check all that apply:

I have school age children interested in art classes?

Yes No

I would like to volunteer for gallery sitting, hanging exhibitions

Yes No

I am an artist? Yes No

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