

WORCESTER ART MUSEUM PASS MEMBERSHIP APPLICATION/INVOICE

Institution Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Website: _____

Contact Person: _____

 Phone: _____

 Email: _____

PASS MEMBERSHIP COST: \$250

How will you be purchasing your Library Pass Membership?

___ Paying by check from the institution.

___ Paying through another funding source.

 Name and address of funding source: _____

Please check the following if you would like to be contacted about the programs below:

___ Group tours at the Worcester Art Museum

___ Outreach programs in art history or art classes

Please remit this form with payment of \$250 to:

 Worcester Art Museum

 Membership Program

 55 Salisbury Street

 Worcester, MA 01609

Thank you for supporting the Worcester Art Museum.