

Membership

Your Information

Name: _____
(to appear on membership card)

Name: _____
(for second card, if applicable)

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Please fill out and mail to:

Membership Office
The Clark
225 South Street
Williamstown, MA 01267

THE CLARK

Payment Options

Amount: _____

- Check MasterCard
 Visa Amex

Card #: _____

Expiration: _____

Date: _____

Signature: _____

Membership Level

- \$65 Individual
 \$100 Family/Dual
 \$150 Sustainer
 \$250 Contributor
 \$500 Sponsor
 \$1200 Benefactors Circle (Clark Society)

I would like to make an additional donation: _____

For more details, call 413-458-0425
or visit clarkart.edu/support