

# *membership form*

\_\_\_\_\_

name

\_\_\_\_\_

address

\_\_\_\_\_

city

state

zip

\_\_\_\_\_

home phone

business phone

\_\_\_\_\_

email address

\_\_\_\_\_

place of employment (for use in matching grants)

*This membership is sent as a gift from:*

\_\_\_\_\_

name

\_\_\_\_\_

address

\_\_\_\_\_

city

state

zip

\_\_\_\_\_

home phone

Type of membership \_\_\_\_\_ Total \$ \_\_\_\_\_

Make checks payable & send to: Rockland Center for the Arts,  
27 S.Greenbush Rd.,  
West Nyack, NY 10994

By credit card:  Visa

Mastercard

Name \_\_\_\_\_

Credit Card # \_\_\_\_\_ exp date \_\_\_\_\_

Signature \_\_\_\_\_

**Credit card orders may be faxed to (845) 358- 0971**

For further information, call Rockland Center for the Arts, (845) 358-0877