

# Membership Form

New       Renew

Please Print your name(s) and address as you wish it to appear on our mailings.

OMr.& Mrs.      OMr.      OMrs.      OMs.      OMiss      OOther

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Your name(s)

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Address

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City

State

Zip

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Phone

Email

## SIGN ME UP! Membership Categories

### Basic

- Student \$25
- Individual \$40
- Family/Dual \$60
- Friend of the Museum \$100
- Sustaining Member \$250
- Patron \$500

### Harriet Allyn Society

- Contributor \$1,000
- Sponsor \$2,500
- Fellow \$5,000
- Benefactor \$7,500
- Director's Circle \$10,000 or more
- President's Council \$25,000 or more

## Method of Payment

My check for \$\_\_\_\_\_ payable to LAAM is enclosed.

Charge membership(s) totaling \$\_\_\_\_\_ to my       Visa       MasterCard

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Account number

Expiration date

CVV code

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Cardholder's signature (required)

Choose the membership level that's right for you, then mail your completed application with payment (or fax with credit card information) to:

Lyman Allyn Art Museum  
Membership Department  
625 Williams Street  
New London, CT 06320  
Fax: 860-442-1280

Questions? 860-443-2545 ext. 129