Lyman Allyn Art Museum — Membership Form

☐ **Join** ☐ **Renew**

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

Name (Circle one – Mr. & Mrs. / Mr. / Mrs. / Ms. / Miss)

Address City State Zip

Telephone Email

SIGN ME UP! I/we would like to join the Lyman Allyn Art Museum Family of Members at the following level:

___Individual	**$50**	**___Sustainer**	**$300**
___Family / Household	**$75**	**___Patron**	**$500**
___Supporter	**$150**	**___Benefactor**	**$1,000**

___Add-A-Guest Option ☐**$25**

Upgrade your chosen membership category to **member PLUS+** which entitles you bring one guest per visit at no charge. Your guest will be entitled to the same membership benefits as you for the day of your visit. Limit one guest per day.

___NARM Additional ☐**$25** or ☐**$50**

NARM Level memberships are those categories of $100 or more and give those named on your membership card (max. 2 people) free admission to over 1,000 reciprocal museums across the country. If you would like to upgrade your membership to NARM level, Individual memberships may send in an additional $50 and Family memberships may send in $25 to start NARM visits immediately.

Method of Payment

☐ My check for $_____ payable to Lyman Allyn Art Museum is enclosed.

☐ Charge membership(s) totaling $_____ to my ☐ VISA ☐MASTERCARD

Account Number Expiration Date CVV Code

Name on card (please print) Cardholder's signature (required)

All contributions are tax deductible to the full extent of the law.

Choose the membership level that's right for you, and then mail your completed application with payment to:

Lyman Allyn Art Museum
Membership Department
625 Williams Street
New London, CT 06320

Questions? Call 860.443.2545 ext.2129