

**PHOTOGRAPHIC RESOURCE CENTER membership form**

*Please check desired category.*

- |                                      |         |                                     |      |
|--------------------------------------|---------|-------------------------------------|------|
| <input type="checkbox"/> Angel       | \$2,600 | <input type="checkbox"/> Family     | \$70 |
| <input type="checkbox"/> Patron      | \$1,300 | <input type="checkbox"/> Individual | \$50 |
| <input type="checkbox"/> Benefactor  | \$650   | <input type="checkbox"/> Senior     | \$25 |
| <input type="checkbox"/> Contributor | \$325   | <input type="checkbox"/> Student    | \$25 |
| <input type="checkbox"/> Supporter   | \$150   | <i>(copy of I.D. required)</i>      |      |

*(check one)*  New Membership  Renewal

*(check one)*  Dr.  Mr.  Mrs.  Ms.  Miss

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please list name for additional membership card, if appropriate.

For gift memberships, please list donor name, address and phone below.

What best describes your interest in photography? *(check all that apply)*

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Artist                        | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Professional Photographer     | <input type="checkbox"/> Student  |
| <input type="checkbox"/> Collector                     | <input type="checkbox"/> Amateur  |
| <input type="checkbox"/> Other <i>(indicate)</i> _____ |                                   |

Payment Method *(check one)*

- Check enclosed *(Please make payable to Photographic Resource Center)*
- Credit: *Visa*
- Credit: *Mastercard*

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Return this form with payment to:



Membership Office  
Photographic Resource Center  
832 Commonwealth Avenue  
Boston, MA 02215