

PHOTOGRAPHIC RESOURCE CENTER **membership form**

Please check desired category.

- | | | | |
|--------------------------------------|---------|-------------------------------------|------|
| <input type="checkbox"/> Angel | \$2,400 | <input type="checkbox"/> Family | \$60 |
| <input type="checkbox"/> Patron | \$1,200 | <input type="checkbox"/> Individual | \$45 |
| <input type="checkbox"/> Benefactor | \$600 | <input type="checkbox"/> Student | \$25 |
| <input type="checkbox"/> Contributor | \$300 | <i>(copy of I.D. required)</i> | |
| <input type="checkbox"/> Supporter | \$125 | | |

(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