



Business Membership Form

New Renew

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

Business Name

Address

City

State

Zip

Phone

Email

Contact Name

Title

SIGN ME UP!

Business Membership Categories

Business Advocate \$125

Business Friend \$500

Business Contributor \$250

Business Partner \$1,000

Method of Payment

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

Charge membership(s) totaling \$_____ to my

Visa

MasterCard

Account number

Expiration date

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. 132