LymanAllyn ART MUSEUM

Membership Form

○ New ○ Renew

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

○Mr.& Mrs. ○Mr. ○Mrs. ○Ms. ○Miss ○Other

Your name(s)

Address

City State Zip

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

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