

# Membership

## Your Information

Name: \_\_\_\_\_  
(to appear on membership card)

Name: \_\_\_\_\_  
(for second card, if applicable)

Street: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## Please fill out and mail to:

Membership Office  
The Clark  
225 South Street  
Williamstown, MA 01267

# THE CLARK

## Payment Options

Amount: \_\_\_\_\_

- Check     MasterCard  
 Visa     Amex

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Membership Level

- \$65 Individual  
 \$100 Family/Dual  
 \$150 Sustainer  
 \$250 Contributor  
 \$500 Sponsor  
 \$1200 Benefactors Circle (Clark Society)

I would like to make an additional donation: \_\_\_\_\_

For more details, call 413-458-0425  
or visit [clarkart.edu/support](http://clarkart.edu/support)