



LIBRARY MEMBERSHIP ENROLLMENT

- Please enroll us as a **Full Library Member** for twelve months at a cost of \$365
- Please enroll us as a **Half Library Member** for twelve months at a cost of \$185
- Please enroll us as a **Double Library Member** for twelve months at a cost of \$725

Enclosed is a check for \$_____

Please charge our credit card in the amount of \$_____

Mastercard Visa American Express Discover

Card Number _____

Expiration date _____

Card holder's name _____

Please make your check payable to:
The Institute of Contemporary Art and mail to:

Kelly Kerrigan, Visitor Services Manager
The Institute of Contemporary Art
100 Northern Ave
Boston, MA 02210

Library Name: _____

Name of Contact Person: _____

Address: _____

City/Town: _____

State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____