



### 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

Please send passes for the month of \_\_\_\_\_ through \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_

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

Please circle: Mastercard    Visa    American Express    Discover

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Please make your check payable to **Institute of Contemporary Art, Boston** and mail to the following address at least one month prior to your requested membership purchase:

Institute of Contemporary Art / Boston  
Attn: Gail Leavitt  
25 Harbor Shore Drive  
Boston, MA 02210

Library name: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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